

Prince George County Health and Dental Rates FY/24

Effective June 2023 for July 1, 2023 coverage (monthly rates)

Part Time Regular Employee Rates

Anthem Plan 30			
	Employee Contribution Amount	Employer Contribution Amount	Total Health Premium Cost
Employee Only	\$ 449.10	\$ 409.10	\$ 858.19
Employee/Child	\$ 644.62	\$ 429.62	\$ 1,074.23
Employee/Children	\$ 874.49	\$ 449.49	\$ 1,323.98
Employee/Spouse	\$ 970.78	\$ 470.78	\$ 1,441.55
Employee/Family	\$ 1,193.78	\$ 483.78	\$ 1,677.55

Anthem High Deductible Health Plan (with HSA)			
	Employee Contribution Amount	Employer Contribution Amount	Total Health Premium Cost
Employee Only	\$ 389.74	\$ 389.74	\$ 779.48
Employee/Child	\$ 566.65	\$ 458.65	\$ 1,025.30
Employee/Children	\$ 754.50	\$ 541.50	\$ 1,295.99
Employee/Spouse	\$ 833.28	\$ 583.28	\$ 1,416.55
Employee/Family	\$ 1,014.52	\$ 659.52	\$ 1,674.03

****Employer contributes semi-annually into the employee's Health Savings Account****

BlueView Vision Buy-Up (voluntary)			
	Employee Contribution Amount	Employer Contribution Amount	Total Vision Premium Cost
Employee Only	\$ 6.26	\$ -	\$ 6.26
Employee/Child	\$ 10.96	\$ -	\$ 10.96
Employee/Children	\$ 12.52	\$ -	\$ 12.52
Employee/Spouse	\$ 10.96	\$ -	\$ 10.96
Employee/Family	\$ 18.21	\$ -	\$ 18.21

Delta Low Tier Dental Plan			
	Employee Contribution Amount	Employer Contribution Amount	Total Dental Premium Cost
Employee Only	\$ 28.98	\$ -	\$ 28.98
Employee/Child(ren)	\$ 62.32	\$ -	\$ 62.32
Employee/Spouse	\$ 59.04	\$ -	\$ 59.04
Employee/Family	\$ 68.74	\$ -	\$ 68.74

Delta High Tier Dental Plan			
	Employee Contribution Amount	Employer Contribution Amount	Total Dental Premium Cost
Employee Only	\$ 35.56	\$ -	\$ 35.56
Employee/Child(ren)	\$ 79.86	\$ -	\$ 79.86
Employee/Spouse	\$ 71.12	\$ -	\$ 71.12
Employee/Family	\$ 100.53	\$ -	\$ 100.53