

ALBEMARLE COUNTY

2014-2015 MEDICAL & DENTAL INSURANCE RATES

Full-time* Employee Monthly Premiums, 10-Month Rates (for employees receiving 10 paychecks per year AND beginning coverage BEFORE Sept. 2014**)

Upon completion of school year & issue of June paycheck, July-Sept. premiums will have been prepaid.

Effective October 1, 2014

Southern Health VirginiaCare POS

Plan Option	<u>Plus Option</u>	<u>Basic Option</u>
Employee	\$55	\$14
Employee + Child	\$118	\$55
Employee + Children	\$280	\$176
Employee + Spouse	\$280	\$176
Employee + Family	\$373	\$241

The Board contributes \$779.44/month (\$7,794 yearly) toward medical insurance per full-time employee.

United Concordia Advantage Plus

Plan Option	<u>High Option</u>	<u>Low Option</u>
Employee	\$17	\$4
Employee + Child	\$40	\$16
Employee + Spouse	\$40	\$16
Employee + Family	\$78	\$47

The Board contributes \$25.30/month (\$253 yearly) toward dental insurance per full-time employee.

* Part-time Employees:

Board contributions are prorated to reflect the employee's part-time percentage. The employee then pays the remainder of the Board contribution, plus the full-time monthly premium.

Visit the online calculator at www.albemarle.org/upload/images/webapps/insurance/default.asp for assistance with estimating part-time monthly premiums.

**Employees beginning coverage on or after Sept. 2014:

Premium rates will be greater than the amounts listed above in relation to hire date, reflecting the number of paychecks remaining before June 30". Contact HR Benefits Office with questions.

ALBEMARLE COUNTY

2014-2015 MEDICAL & DENTAL INSURANCE RATES

Full-time* Employee Monthly Premiums, 12-Month Rates (for employees receiving 12 paychecks per year)

Effective October 1, 2014

Southern Health VirginiaCare POS

Plan Option	<u>Plus Option</u>	<u>Basic Option</u>
Employee	\$46	\$12
Employee + Child	\$98	\$46
Employee + Children	\$233	\$147
Employee + Spouse	\$233	\$147
Employee + Family	\$311	\$201

The Board contributes \$649.54/month (\$7,794 yearly) toward medical insurance per full-time employee.

United Concordia Advantage Plus

Plan Option	<u>High Option</u>	<u>Low Option</u>
Employee	\$14.00	\$3.00
Employee + Child	\$33.00	\$13.00
Employee + Spouse	\$33.00	\$13.00
Employee + Family	\$65.00	\$39.00

The Board contributes \$21.06/month (\$253 yearly) toward dental insurance per full-time employee.

*** Part-time Employees:**

Board contributions are prorated to reflect the employee's part-time percentage. The employee then pays the remainder of the Board contribution, plus the full-time monthly premium.

Visit the online calculator at www.albemarle.org/upload/images/webapps/insurance/default.asp for assistance with estimating part-time monthly premiums.