



**Prince George County Public Schools**  
**July 1, 2018 - June 30, 2019**  
**Contribution Schedule**

Anthem 	<b>Anthem High Deductible Health Plan (HDHP) w/ HSA</b>					
	<b>Employee Only</b>	<b>Employee + Child</b>	<b>Employee + Child(ren)</b>	<b>Employee + Spouse</b>	<b>Employee + Family</b>	<b>Dual EE/Family PGCPS</b>
Total Monthly Premium	\$573.32	\$767.32	\$994.91	\$1,093.54	\$1,311.38	\$1,311.38
County Monthly Contribution	\$538.32	\$692.32	\$749.91	\$772.54	\$863.88	\$1,076.64
Employee Monthly Contribution	\$35.00	\$75.00	\$245.00	\$321.00	\$447.50	\$234.74

<b>Health Savings Account</b>	<b>Annual Employer Contribution for HDHP plan participants (amount will be divided and deposited on a monthly basis)</b>				
	<b>Employee</b>	<b>Employee + Child</b>	<b>Employee + Child(ren)</b>	<b>Employee + Spouse</b>	<b>Employee + Family</b>
	\$1,500.00	\$1,750.00	\$2,000.00	\$1,750.00	\$2,000.00

Anthem 	<b>Anthem POS 30/500/30</b>				
	<b>Employee</b>	<b>Employee + Child</b>	<b>Employee + Child(ren)</b>	<b>Employee + Spouse</b>	<b>Employee + Family</b>
Total Monthly Premium	\$616.83	\$825.37	\$1,070.14	\$1,177.86	\$1,411.84
County Monthly Contribution	\$464.83	\$475.37	\$485.14	\$497.86	\$507.84
Employee Monthly Contribution	\$152.00	\$350.00	\$585.00	\$680.00	\$904.00

*This plan is only available to active employees over age 65*

	<i>Delta Dental - Low Plan</i>				
	Employee	Employee + Child	Employee + Child(ren)	Employee + Spouse	Employee + Family
Total Monthly Premium	\$30.43	\$65.44	\$65.44	\$61.99	\$72.18

	<i>Delta Dental - High Plan</i>				
	Employee	Employee + Child	Employee + Child(ren)	Employee + Spouse	Employee + Family
Total Monthly Premium	\$37.34	\$83.85	\$83.85	\$74.68	\$105.56

	<i>UniCare Vision</i>				
	Employee	Employee + Child	Employee + Child(ren)	Employee + Spouse	Employee + Family
Total Monthly Premium	\$5.91	\$10.34	\$11.81	\$10.34	\$17.18