

# STAFFORD COUNTY PUBLIC SCHOOLS

## FISCAL YEAR 2025 HEALTH AND DENTAL INSURANCE RATES

Effective July 1, 2024 - June 1, 2025

### Anthem Blue Cross/Blue Shield MONTHLY PREMIUM RATES for Premium Plan -

<u>Full-time Employees :</u>	Monthly Employee Portion
<b>Premium Plan PPO</b>	
Employee	\$56.00
Employee + Child	\$160.00
Employee + Children	\$223.00
Employee + Spouse	\$346.00
Employee + Family	\$496.00
Both Spouses F/T Employed Family Plan	\$149.00

<u>Part-time Employees :</u>	Monthly Employee Portion
<b>Premium Plan PPO</b>	
Employee	\$112.00
Employee + Child	\$320.00
Employee + Children	\$446.00
Employee + Spouse	\$692.00
Employee + Family	\$992.00

### Anthem Blue Cross/Blue Shield MONTHLY RATES for Core Plan -

<u>Full-time Employees:</u>	Monthly Employee Portion
<b>Core Plan PPO</b>	
Employee	\$26.00
Employee + Child	\$90.00
Employee + Children	\$158.00
Employee + Spouse	\$268.00
Employee + Family	\$369.00
Both Spouses F/T Employed Family Plan	\$91.00

<u>Part-time Employees :</u>	Monthly Employee Portion
<b>Core Plan PPO</b>	
Employee	\$52.00
Employee + Child	\$180.00
Employee + Children	\$316.00
Employee + Spouse	\$536.00
Employee + Family	\$738.00

**STAFFORD COUNTY PUBLIC SCHOOLS  
FISCAL YEAR 2025 HEALTH AND DENTAL INSURANCE RATES**

**Anthem Blue Cross/Blue Shield MONTHLY RATES for High Deductible Health Plan (HDHP)**

**with a \*Health Savings Account (H.S.A.) -**

<b>Full-time Employees:</b>	
<b>High Deductible Health Plan w/H.S.A.</b>	<b>Monthly Employee Portion</b>
Employee	\$21.00
Employee + Child	\$66.00
Employee + Children	\$126.00
Employee + Spouse	\$178.00
Employee + Family	\$291.00
Both Spouses F/T Employed Family Plan	\$88.00

<b>Part-time Employees :</b>	
<b>High Deductible Health Plan w/H.S.A.</b>	<b>Monthly Employee Portion</b>
Employee	\$42.00
Employee + Child	\$132.00
Employee + Children	\$252.00
Employee + Spouse	\$356.00
Employee + Family	\$582.00

**Anthem Dental Monthly Rates**

<b>PREMIUM PLAN</b>	
<b>(with Orthodontia/Out-of-Network Reimbursement 90%)</b>	<b>Monthly Employee Portion</b>
Employee only	\$30.00
Employee and one child	\$61.00
Employee and children	\$67.00
Employee and spouse	\$57.00
Employee and family	\$94.00

<b>CORE PLAN</b>	
<b>(without Orthodontia/Out-of-Network Reimbursement 80%)</b>	<b>Monthly Employee Portion</b>
Employee only	\$26.00
Employee and one child	\$52.00
Employee and children	\$56.00
Employee and spouse	\$48.00
Employee and family	\$80.00

Approved rates are effective with the July 1, 2024 payroll and runs through the June 1, 2025 payroll. Changes to voluntary elections can be made during the Open Enrollment period (July 1 - August 8, 2024) with an September 1, 2024 effective date.

\*H.S.A. accounts are deposited with Employer seed monies of \$900.- employee only or \$1400. - all other categories/year - (two deposits of \$450. or \$750./each in November and April.

The Anthem KeyCare Plans - Summary of Benefits and Coverage (SBC) information can be located at the school website...

<https://www.staffordschools.net/Page/21144>.

Mid-Year changes are allowed outside of the Open Enrollment period with documented IRS Section 125 Life events ([www.irs.gov/pub/irs-regs/td8878.pdf](http://www.irs.gov/pub/irs-regs/td8878.pdf)). All changes are subject to the **30** day notification limit. Please contact the Benefits Office with assistance with Mid-year changes. 540-658-6000.