STAFFORD COUNTY PUBLIC SCHOOLS DRAFT APPROVED FISCAL YEAR 2026 HEALTH INSURANCE RATES July 1, 2026 - June 1, 2027 (New rates will be effective September 1, 2026)	
ANTHEM BLUE CROSS/BLUE SHIELD MONTHLY RATES FOR PREMIUM PLAN	
FULL-TIME EMPLOYEES	**Monthly Employee Portion**
Employee	$88.00
Employee + Child	$198.00
Employee + Children	$267.00
Employee + Spouse	$385.00
Employee + Family	$540.00
Both Spouses F/T Employed Family Plan	$190.00
PART-TIME EMPLOYEES	**Monthly Employee Portion**
Employee	$176.00
Employee + Child	$396.00
Employee + Children	$534.00
Employee + Spouse	$770.00
Employee + Family	$1,080.00

ANTHEM BLUE CROSS/BLUE SHIELD MONTHLY RATES FOR CORE PLAN	
FULL-TIME EMPLOYEES	**Monthly Employee Portion**
Employee	$40.00
Employee + Child	$97.00
Employee + Children	$185.00
Employee + Spouse	$295.00
Employee + Family	$400.00
Both Spouses F/T Employed Family Plan	$120.00
PART-TIME EMPLOYEES	**Monthly Employee Portion**
Employee	$80.00
Employee + Child	$194.00
Employee + Children	$370.00
Employee + Spouse	$590.00
Employee + Family	$800.00

ANTHEM BLUE CROSS/BLUE SHIELD MONTHLY RATES FOR HIGH DEDUCTABLE HEALTH PLAN WITH HEALTH SAVINGS ACCOUNT	
FULL-TIME EMPLOYEES	**Monthly Employee Portion**
Employee	$25.00
Employee + Child	$70.00
Employee + Children	$132.00
Employee + Spouse	$187.00
Employee + Family	$306.00
Both Spouses F/T Employed Family Plan	$100.00
PART-TIME EMPLOYEES	**Monthly Employee Portion**
Employee	$50.00
Employee + Child	$140.00
Employee + Children	$264.00
Employee + Spouse	$374.00
Employee + Family	$612.00

STAFFORD COUNTY PUBLIC SCHOOLS PROPOSED FISCAL YEAR 2027 DENTAL INSURANCE RATES	
ANTHEM DENTAL MONTHLY RATES	
PREMIUM COMPLETE DENTAL PLAN (With Orthodontia)	**Monthly Employee Portion**
Employee	$31.00
Employee + Child	$63.00
Employee + Children	$69.00
Employee + Spouse	$58.00
Employee + Family	$96.00
CORE COMPLETE DENTAL PLAN (Without Orthodontia)	**Monthly Employee Portion**
Employee	$27.00
Employee + Child	$53.00
Employee + Children	$57.00
Employee + Spouse	$49.00
Employee + Family	$82.00