COUNTY OF FLUVANNA

"Responsive & Responsible

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FY16 HEALTH CARE CONTRIBUTION SCHEDULE

Anthem Local Choice Health Care Plans

July 1, 2015 – June 30, 2016

The plans include the Key Advantage 250 and Key Advantage 500, with Dental and Vision included in both plans. A high deductible health plan (HDHP) with Dental, Vision and a Health Savings Account is also available.

Plan	Monthly Total Cost	County Pays Monthly	Employee Pays per month	Employee Bi-weekly Deduction (24)	HEALTH SAVINGS ACCOUNT County Pays/MTH
Employee Only Plan					
HDHP Basic Dental	$ 401.00	$401.00	**$ 0.00**	**$ 0.00**	**$76.00**
HDHP Comprehensive Dental	$ 414.00	$ 414.00	**$ 0.00**	**$ 0.00**	**$76.00**
KA 500 Basic Dental	$ 518.00	$ 490.00	**28.00**	**$ 14.00**	**N/A**
KA 500 Comprehensive Dental	$ 531.00	$ 490.00	**$ 41.00**	**$ 20.50**	**N/A**
KA250 Basic Dental	$561.00	$490.00	**$71.00**	**$35.50**	**N/A**
KA 250 Comprehensive Dental	$ 574.00	$ 490.00	**$ 84.00**	**$ 42.00**	**N/A**
Employee plus 1					
HDHP Basic Dental	$ 742.00	$ 685.00	**$ 57.00**	**$ 28.50**	**$76.00**
HDHP Comprehensive Dental	$ 766.00	$ 685.00	**$ 81.00**	**$ 40.50**	**$76.00**
KA 500 Basic Dental	$ 958.00	$ 685.00	**$ 273.00**	**$ 136.50**	**N/A**
KA 500 Comprehensive Dental	$ 982.00	$ 685.00	**$ 297.00**	**$ 148.50**	**N/A**
KA250 Basic Dental	$1,038.00	$ 685.00	**$ 353.00**	**$ 176.50**	**N/A**
KA 250 Comprehensive Dental	$ 1,062.00	$ 685.00	**$ 377.00**	**$ 188.50**	**N/A**
Employee/Family					
HDHP Basic Dental	$1,083.00	$ 890.00	**$ 193.00**	**$96.50**	**$76.00**
HDHP Comprehensive Dental	$ 1,118.00	$ 890.00	**$ 228.00**	**$114.00**	**$76.00**
KA 500 Basic Dental	$1,399.00	$ 890.00	**$509.00**	**$ 254.50**	**N/A**
KA 500 Comprehensive Dental	$1,434.00	$ 890.00	**$ 544.00**	**$ 272.00**	**N/A**
KA250 Basic Dental	$1,515.00	$ 890.00	**$ 625.00**	**$312.50**	**N/A**
KA 250 Comprehensive Dental	$ 1,550.00	$ 890.00	**$ 660.00**	**$ 330.00**	**N/A**