CITY OF STAUNTON and STAUNTON CITY SCHOOLS -2017

HEALTH INSURANCE RATES - w/ WELLNESS PHYSICAL

SELF-FUNDED PLAN 2017 - AETNA HEALTH INSURANCE, W/ EXPRESS SCRIPTS, W/HEALTH EQUITY H.S.A. PLAN

January 1, 2017 - December 31, 2017

POS PLAN	**Total Monthly Premium**	**City/School Employer Premium Share**		**Employee Share**	**City Employees Bi-Weekly Payroll Deduction**	**School Employees Monthly Payroll Deduction**
Employee only	$569.00	$524.00	0.00	$45.00	$22.50	$45.00
Employee + child	$852.00	$726.00	0.00	$126.00	$63.00	$126.00
Employee + children	$1,137.00	$927.00	0.00	$210.00	$105.00	$210.00
Employee + spouse	$1,137.00	$907.00	0.00	$230.00	$115.00	$230.00
Employee + family	$1,563.00	$1,280.00	0.00	$283.00	$141.50	$283.00

HIGH DEDUCTIBLE HEALTH PLAN w/ HEALTH SAVINGS ACCT	**Total Monthly Premium**	**City/School Employer Premium Share**	**City/School Employer H.S.A. Contribution**	**Employee Share**	**City Employees Bi-Weekly Payroll Deduction**	**School Employees Monthly Payroll Deduction**
Employee only	$506.00	$495.00	$41.67	$11.00	$5.50	$11.00
Employee + child	$758.00	$689.00	$66.67	$69.00	$34.50	$69.00
Employee + children	$1,011.00	$877.00	$66.67	$134.00	$67.00	$134.00
Employee + spouse	$1,011.00	$855.00	$66.67	$156.00	$78.00	$156.00
Employee + family	$1,390.00	$1,200.00	$66.67	$190.00	$95.00	$190.00

DENTAL PLAN- 2.5% DECREASE	**Total Monthly Premium**	**City Employees Bi-Weekly Payroll**	**School Employees Monthly Payroll Deduction**
LOW PLAN			
Employee only	23.32	11.66	$23.32
Employee + one	46.62	23.31	$46.62
Employee + family	78.74	39.37	$78.74
HIGH PLAN			
Employee only	42.54	21.27	$42.54
Employee + one	85.10	42.55	$85.10
Employee + family	143.82	71.91	$143.82