



# Loudoun County Public Schools

## Health Insurance Rates for Active Employees

### January 1, 2020 - December 31, 2020



Coverage	HIGH DEDUCTIBLE HEALTH PLAN with HSA (HDHP)		
	Employee Cost (Bi-Weekly)	LCPS Cost (Bi-Weekly)	Total Premium (Bi-Weekly)
Employee Only	\$4.09	\$294.92	\$299.01
Employee Plus Child	\$9.21	\$415.39	\$424.60
Employee Plus Spouse	\$58.03	\$540.00	\$598.03
Family	\$82.92	\$664.61	\$747.53

HEALTH SAVINGS ACCOUNT (HSA)
LCPS Annual Contribution
\$1,000.00
\$2,000.00
\$2,000.00
\$2,000.00

Coverage	OPEN ACCESS PLAN (OAP)		
	Employee Cost (Bi-Weekly)	LCPS Cost (Bi-Weekly)	Total Premium (Bi-Weekly)
Employee Only	\$7.81	\$331.82	\$339.63
Employee Plus Child	\$42.67	\$439.20	\$481.87
Employee Plus Spouse	\$102.21	\$578.11	\$680.32
Family	\$152.61	\$695.73	\$848.34

POINT OF SERVICE PLAN (POS)		
Employee Cost (Bi-Weekly)	LCPS Cost (Bi-Weekly)	Total Premium (Bi-Weekly)
\$61.34	\$340.79	\$402.13
\$119.53	\$451.07	\$570.60
\$211.61	\$593.74	\$805.35
\$290.05	\$714.54	\$1,004.59

Coverage	DELTA DENTAL		
	Employee Cost (Bi-Weekly)	LCPS Cost (Bi-Weekly)	Total Premium (Bi-Weekly)
Employee Only	\$0.62	\$26.48	\$27.10
Employee Plus Child	\$3.46	\$35.18	\$38.64
Employee Plus Spouse	\$7.97	\$45.68	\$53.65
Family	\$12.21	\$55.58	\$67.79

DAVIS VISION		
Employee Cost (Bi-Weekly)	LCPS Cost (Bi-Weekly)	Total Premium (Bi-Weekly)
\$0.06	\$2.20	\$2.26
\$0.37	\$3.13	\$3.50
\$0.50	\$3.41	\$3.91
\$1.24	\$5.14	\$6.38

*Actual per pay period rates may differ slightly due to rounding.*

**Important Note:** If you do not enroll in the LCPS Group Health Insurance Program, you may elect to receive an Opt Out Credit of \$9.00 per pay period, paid via payroll. Initial enrollment in the Opt Out Credit is NOT automatic, you must select this option in Oracle Self-Service.