

# 2023 HEALTH PLAN PREMIUMS

## ► Active Employee Health Rates

HEALTH PLAN PREMIUMS				
	CITY EMPLOYEE PREMIUMS (26 pay periods annually)		SCHOOL EMPLOYEE PREMIUMS (20 pay periods annually)*	
LEVEL OF COVERAGE	CDHP	POS	CDHP	POS
Subscriber Only	\$3.66	\$48.69	\$2.71	\$29.75
Subscriber + 1 Child	\$29.76	\$102.70	\$22.05	\$62.75
Subscriber + Children	\$64.40	\$174.38	\$47.72	\$106.55
Subscriber + Spouse	\$119.99	\$224.97	\$88.91	\$137.46
Family	\$159.25	\$306.20	\$118.01	\$187.09

Above rates are applicable to all employees (Full-Time, Part-Time ACA eligible) not on a Leave of Absence, as well as City Council and School Board members.

\*Health Plan Premiums for School employees are not deducted from pay in July or August.

LEAVE OF ABSENCE HEALTH PLAN PREMIUMS WITHOUT EMPLOYER CONTRIBUTION				
	CITY EMPLOYEE PREMIUMS (monthly - 12 months)		SCHOOL EMPLOYEE PREMIUMS (monthly - 10 months)	
LEVEL OF COVERAGE	CDHP	POS	CDHP	POS
Subscriber Only	\$623.43	\$720.33	\$724.04	\$836.58
Subscriber + 1 Child	\$1,006.75	\$1,163.24	\$1,169.22	\$1,350.96
Subscriber + Children	\$1,515.49	\$1,751.05	\$1,760.06	\$2,033.64
Subscriber + Spouse	\$1,439.26	\$1,662.98	\$1,671.54	\$1,931.36
Family	\$2,015.76	\$2,329.08	\$2,341.06	\$2,704.96

Employees on an unpaid leave of absence may be responsible for their full health premium without the employer contribution. Contact the CBO for more information.

## ► Retiree Health Rates

CITY OF VIRGINIA BEACH RETIREE PREMIUMS				
	WITH <sup>1</sup> EMPLOYER CONTRIBUTION (MONTHLY RATE)		WITHOUT <sup>1</sup> EMPLOYER CONTRIBUTION (MONTHLY RATE)	
LEVEL OF COVERAGE	CDHP	POS	CDHP	POS
Subscriber Only	\$121.59	\$256.24	\$854.01	\$986.75
Subscriber + 1 Child	\$178.53	\$373.76	\$1,238.16	\$1,430.62
Subscriber + Children	\$255.19	\$531.22	\$1,750.34	\$2,022.42
Subscriber + Spouse	\$543.27	\$857.00	\$1,974.59	\$2,281.52
Family	\$630.18	\$1,035.46	\$2,555.06	\$2,952.21

VIRGINIA BEACH CITY PUBLIC SCHOOLS RETIREE PREMIUMS				
	WITH <sup>1</sup> EMPLOYER CONTRIBUTION (MONTHLY RATE)		WITHOUT <sup>1</sup> EMPLOYER CONTRIBUTION (MONTHLY RATE)	
LEVEL OF COVERAGE	CDHP	POS	CDHP	POS
Subscriber Only	\$69.31	\$146.06	\$826.53	\$955.00
Subscriber + 1 Child	\$101.76	\$213.04	\$1,198.31	\$1,384.58
Subscriber + Children	\$145.46	\$302.80	\$1,694.02	\$1,957.33
Subscriber + Spouse	\$309.66	\$488.49	\$1,911.05	\$2,208.10
Family	\$359.20	\$590.21	\$2,472.84	\$2,857.21

<sup>1</sup> Eligibility information can be found on the Retiree Eligibility page.

# 2023 HEALTH PLAN PREMIUMS

## ► PHSA/COBRA Health Rates

### HEALTH PLAN PREMIUMS CITY - *Monthly premiums listed below*

LEVEL OF COVERAGE	PREVIOUS ACTIVE CITY EMPLOYEE COVERAGE		PREVIOUS CITY RETIREE COVERAGE	
	CDHP	POS	CDHP	POS
Subscriber Only	\$635.90	\$734.74	\$871.09	\$1,006.49
Subscriber + 1 Child	\$1,026.89	\$1,186.50	\$1,262.92	\$1,459.23
Subscriber + Children	\$1,545.80	\$1,786.07	\$1,785.35	\$2,062.87
Subscriber + Spouse	\$1,468.05	\$1,696.24	\$2,014.08	\$2,327.15
Family	\$2,056.08	\$2,375.66	\$2,606.16	\$3,011.25

### HEALTH PLAN PREMIUMS SCHOOL - *Monthly premiums listed below*

LEVEL OF COVERAGE	PREVIOUS ACTIVE SCHOOL EMPLOYEE COVERAGE		PREVIOUS SCHOOL RETIREE COVERAGE	
	CDHP	POS	CDHP	POS
Subscriber Only	\$615.43	\$711.09	\$843.06	\$974.10
Subscriber + 1 Child	\$993.84	\$1,148.32	\$1,222.28	\$1,412.27
Subscriber + Children	\$1,496.05	\$1,728.59	\$1,727.90	\$1,996.48
Subscriber + Spouse	\$1,420.81	\$1,641.66	\$1,949.27	\$2,252.26
Family	\$1,989.91	\$2,299.21	\$2,522.30	\$2,914.35