

**Washington County Public Schools**  
**Anthem BCBS and Delta Dental Option Benefit Sheet**  
**July 2, September 30, 2017**

**Full-Time, Contracted Employees:**

TIER I KeyCare 25 \$500 Deductible				TIER II KeyCare 30 \$1,000 Deductible				TIER III KeyCare 30 \$2,000 Deductible				Lumenos HSA-3000 Deductible				
MEMBERSHIP	PAID BY EMPLOYEE	PAID BY SCHOOL BOARD	TOTAL COST PER PAY PERIOD*	MEMBERSHIP	PAID BY EMPLOYEE	PAID BY SCHOOL BOARD	TOTAL COST PER PAY PERIOD*	MEMBERSHIP	PAID BY EMPLOYEE	PAID BY SCHOOL BOARD	TOTAL COST PER PAY PERIOD*	MEMBERSHIP	PAID BY EMPLOYEE	PAID BY SCHOOL BOARD	TOTAL COST PER PAY PERIOD*	*\$500 HRA
Employee Only	\$30	\$ 272	\$302	Employee Only	\$ 9	\$ 283	\$292	Employee Only	\$2	\$ 274	\$276	Employee Only	\$ -	\$ 250	\$250	\$500 HRA
Employee/Child	\$159	\$ 354	\$514	Employee/Child	\$ 141	\$ 355	\$496	Employee/Child	\$115	\$ 352	\$467	Employee/Child	\$ 75	\$ 349	\$424	\$500 HRA
Employee/Children	\$179	\$ 399	\$578	Employee/Children	\$ 159	\$ 399	\$558	Employee/Children	\$128	\$ 398	\$526	Employee/Children	\$ 89	\$ 390	\$479	\$500 HRA
Employee/Spouse	\$197	\$ 439	\$636	Employee/Spouse	\$ 174	\$ 439	\$613	Employee/Spouse	\$140	\$ 438	\$579	Employee/Spouse	\$ 96	\$ 431	\$526	\$500 HRA
Employee/Family	\$296	\$ 550	\$846	Employee/Family	\$ 263	\$ 554	\$817	Employee/Family	\$243	\$ 527	\$770	Employee/Family	\$ 178	\$ 522	\$700	\$500 HRA

\*\$500 Health Reimbursement Account (HRA) for each employee enrolled in the Lumenos High Deductible Plan 3000.

**Guide for Part-Time, Food Service Employees:**

	MEMBERSHIP	PAID BY EMPLOYEE	PAID BY FOOD SERVICE FUND	TOTAL COST PER PAY PERIOD*	MEMBERSHIP	PAID BY EMPLOYEE	PAID BY FOOD SERVICE FUND	TOTAL COST PER PAY PERIOD*	MEMBERSHIP	PAID BY EMPLOYEE	PAID BY FOOD SERVICE FUND	TOTAL COST PER PAY PERIOD*	MEMBERSHIP	PAID BY EMPLOYEE	PAID BY FOOD SERVICE FUND	TOTAL COST PER PAY PERIOD*
5 Hr/day	Employee Only	\$98	\$ 204	\$302	Employee Only	\$55	\$ 237	\$292	Employee Only	\$47	\$ 229	\$276	Employee Only	\$36	\$ 214	\$250
	Employee/Child	\$216	\$ 297	\$514	Employee/Child	\$197	\$ 299	\$496	Employee/Child	\$172	\$ 295	\$467	Employee/Child	\$123	\$ 301	\$424
	Employee/Children	\$244	\$ 334	\$578	Employee/Children	\$222	\$ 336	\$558	Employee/Children	\$192	\$ 334	\$526	Employee/Children	\$142	\$ 336	\$479
	Employee/Spouse	\$269	\$ 367	\$636	Employee/Spouse	\$244	\$ 369	\$613	Employee/Spouse	\$211	\$ 368	\$579	Employee/Spouse	\$155	\$ 372	\$526
	Employee/Family	\$385	\$ 460	\$846	Employee/Family	\$350	\$ 467	\$817	Employee/Family	\$328	\$ 442	\$770	Employee/Family	\$248	\$ 452	\$700
4 Hr/day	Employee Only	\$162	\$ 140	\$302	Employee Only	\$97	\$ 195	\$292	Employee Only	\$88	\$ 188	\$276	Employee Only	\$70	\$ 180	\$250
	Employee/Child	\$271	\$ 243	\$514	Employee/Child	\$250	\$ 246	\$496	Employee/Child	\$225	\$ 242	\$467	Employee/Child	\$168	\$ 256	\$424
	Employee/Children	\$304	\$ 274	\$578	Employee/Children	\$281	\$ 277	\$558	Employee/Children	\$252	\$ 274	\$526	Employee/Children	\$193	\$ 286	\$479
	Employee/Spouse	\$335	\$ 301	\$636	Employee/Spouse	\$309	\$ 304	\$613	Employee/Spouse	\$277	\$ 301	\$579	Employee/Spouse	\$210	\$ 316	\$526
	Employee/Family	\$469	\$ 376	\$846	Employee/Family	\$432	\$ 385	\$817	Employee/Family	\$407	\$ 363	\$770	Employee/Family	\$314	\$ 386	\$700

\*Note: Twelve-Month Rates/Coverage