

**BEDFORD COUNTY PUBLIC SCHOOLS
PROPOSED BENEFIT RATES
FOR 2023-2024 YEAR ** Rates effective 6/1/2023**

ANTHEM

Participating in Employee Wellness		Board Contribution				Employee Cost			
\$2000 PPO	Monthly Premium	100%	80%	60%	50%	100%	80%	60%	50%
Employee Only	\$755	\$653	\$542	\$434	\$378	\$102	213	321	377
Employee + Child	\$1,074	\$756	\$628	\$510	\$449	\$318	446	564	625
Employee + Children	\$1,578	\$1,000	\$838	\$687	\$608	\$578	740	891	970
Employee + Spouse	\$1,684	\$978	\$846	\$678	\$605	\$706	838	1,006	1,079
Employee + Family	\$2,272	\$1,237	\$1,048	\$870	\$777	\$1,035	1,224	1,402	1,495

Not Participating in Employee Wellness		Board Contribution				Employee Cost			
\$2000 PPO	Monthly Premium	100%	80%	60%	50%	100%	80%	60%	50%
Employee Only	\$755	\$603	\$492	\$384	\$328	\$152	\$263	\$371	\$427
Employee + Child	\$1,074	\$706	\$578	\$460	\$399	\$368	\$496	\$614	\$675
Employee + Children	\$1,578	\$950	\$788	\$637	\$558	\$628	\$790	\$941	\$1,020
Employee + Spouse	\$1,684	\$928	\$796	\$628	\$555	\$756	\$888	\$1,056	\$1,129
Employee + Family	\$2,272	\$1,187	\$998	\$820	\$727	\$1,085	\$1,274	\$1,452	\$1,545

Participating in Employee Wellness		Board Contribution				Employee Cost			
HD-HSA \$3,000 Deductible	Monthly Premium	100%	80%	60%	50%	100%	80%	60%	50%
Employee Only	\$542	\$500	\$412	\$329	\$288	\$42	130	213	254
Employee + Child	\$767	\$624	\$517	\$418	\$367	\$143	250	349	400
Employee + Children	\$1,129	\$842	\$703	\$579	\$515	\$287	426	550	614
Employee + Spouse	\$1,202	\$862	\$724	\$596	\$533	\$340	478	606	669
Employee + Family	\$1,624	\$1,087	\$927	\$769	\$690	\$537	697	855	934

Not Participating in Employee Wellness		Board Contribution				Employee Cost			
HD-HSA \$3,000 Deductible	Monthly Premium	100%	80%	60%	50%	100%	80%	60%	50%
Employee Only	\$542	\$450	\$362	\$279	\$238	\$92	\$180	\$263	\$304
Employee + Child	\$767	\$574	\$467	\$368	\$317	\$193	\$300	\$399	\$450
Employee + Children	\$1,129	\$792	\$653	\$529	\$465	\$337	\$476	\$600	\$664
Employee + Spouse	\$1,202	\$812	\$674	\$546	\$483	\$390	\$528	\$656	\$719
Employee + Family	\$1,624	\$1,037	\$877	\$719	\$640	\$587	\$747	\$905	\$984

Yearly Contribution to Health Savings Account	100%	80%	60%	50%
Employee Only	\$1,000	\$800	\$600	\$500
Employee + Child	\$1,000	\$800	\$600	\$500
Employee + Children	\$1,700	\$1,360	\$1,020	\$850
Employee + Spouse	\$1,100	\$880	\$660	\$550
Employee + Family	\$1,900	\$1,520	\$1,140	\$950

Note: Payments will be sent in monthly installments.

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LOW PLAN	Monthly Premium	Board Contribution	Employee Cost
Employee Only	\$21.90	\$21.90	\$0.00
Employee + Child	\$43.64	\$35.19	\$8.45
Employee + Children	\$47.36	\$35.86	\$11.50
Employee + Spouse	\$43.80	\$35.23	\$8.57
Employee + Family	\$70.94	\$40.06	\$30.88

HIGH PLAN	Monthly Premium	Board Contribution	Employee Cost
Employee Only	\$39.42	\$34.42	\$5.00
Employee + Child	\$77.82	\$41.26	\$36.56
Employee + Children	\$86.60	\$42.82	\$43.78
Employee + Spouse	\$78.98	\$41.49	\$37.49
Employee + Family	\$115.90	\$56.03	\$59.87

SUPERIOR VISION

	Monthly Premiums
Employee Only	\$6.00
Employee/Child(Ren)	\$11.61
Employee/Spouse	\$11.86
Employee/Family	\$17.79