



Loudoun County Public Schools

Health Insurance Rates for Active Employees

January 1, 2024 - December 31, 2024



| Coverage | HIGH DEDUCTIBLE HEALTH PLAN with HSA (HDHP) | | |
|-------------------------|---|-----------------------|---------------------------|
| | Employee Cost (Bi-Weekly) | LCPS Cost (Bi-Weekly) | Total Premium (Bi-Weekly) |
| Employee Only | \$4.43 | \$319.11 | \$323.54 |
| Employee Plus One Child | \$9.97 | \$449.45 | \$459.42 |
| Employee Plus Spouse | \$62.78 | \$584.30 | \$647.08 |
| Family | \$89.72 | \$719.12 | \$808.84 |

| 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 | \$8.45 | \$359.04 | \$367.49 |
| Employee Plus One Child | \$46.17 | \$475.22 | \$521.39 |
| Employee Plus Spouse | \$110.59 | \$625.53 | \$736.12 |
| Family | \$165.13 | \$752.79 | \$917.92 |

| POINT OF SERVICE PLAN (POS) | | |
|-----------------------------|-----------------------|---------------------------|
| Employee Cost (Bi-Weekly) | LCPS Cost (Bi-Weekly) | Total Premium (Bi-Weekly) |
| \$66.37 | \$368.74 | \$435.11 |
| \$129.33 | \$488.06 | \$617.39 |
| \$228.96 | \$642.44 | \$871.40 |
| \$313.84 | \$773.14 | \$1,086.98 |

| Coverage | DELTA DENTAL | | |
|-------------------------|---------------------------|-----------------------|---------------------------|
| | Employee Cost (Bi-Weekly) | LCPS Cost (Bi-Weekly) | Total Premium (Bi-Weekly) |
| Employee Only | \$0.67 | \$28.65 | \$29.32 |
| Employee Plus One Child | \$3.74 | \$38.07 | \$41.81 |
| Employee Plus Spouse | \$8.62 | \$49.42 | \$58.04 |
| Family | \$13.21 | \$60.13 | \$73.34 |

| DAVIS VISION | | |
|---------------------------|-----------------------|---------------------------|
| Employee Cost (Bi-Weekly) | LCPS Cost (Bi-Weekly) | Total Premium (Bi-Weekly) |
| \$0.06 | \$2.39 | \$2.45 |
| \$0.40 | \$3.38 | \$3.78 |
| \$0.53 | \$3.67 | \$4.20 |
| \$1.34 | \$5.56 | \$6.90 |

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 as an employee or dependent, 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.