

**Charlottesville City Schools
Employer/Employee Cost Sharing
July 1, 2017 - June 30, 2018**

		FULL-TIME EMPLOYEES			PART-TIME EMPLOYEES		
CHOICE PREMIUM							
\$1000/\$2000 DED							
\$3500/\$7000 OPM							
\$10/\$30/\$50 Rx							
		Employer	Employee	% of EE Cost Covered	Employer	Employee	% of EE Cost Covered
		Monthly Contribution			Monthly Contribution		
Employee	\$ 511.81	\$ 511.81	\$ -	100.00%	\$ 284.02	\$ 227.79	55.49%
Employee/Child	\$ 767.74	\$ 674.31	\$ 93.43	87.83%	\$ 360.24	\$ 407.50	46.92%
Employee/Children	\$ 1,070.72	\$ 839.85	\$ 230.87	78.44%	\$ 455.60	\$ 615.12	42.55%
Employee/Spouse	\$ 972.46	\$ 831.81	\$ 140.65	85.54%	\$ 475.86	\$ 496.60	48.93%
Employee/Family	\$ 1,381.91	\$ 1,092.05	\$ 289.86	79.02%	\$ 642.51	\$ 739.40	46.49%
STANDARD PREMIUM \$0 DED							
\$3000/\$6000 OPM							
\$10/\$30/\$50 Rx							
		Employer	Employee	% of EE Cost Covered	Employer	Employee	% of EE Cost Covered
		Monthly Contribution			Monthly Contribution		
Employee	\$ 546.19	\$ 511.81	\$ 34.38	93.71%	\$ 284.02	\$ 262.17	52.00%
Employee/Child	\$ 819.28	\$ 674.31	\$ 144.97	82.31%	\$ 360.24	\$ 459.04	43.97%
Employee/Children	\$ 1,142.62	\$ 839.85	\$ 302.77	73.50%	\$ 455.60	\$ 687.02	39.87%
Employee/Spouse	\$ 1,037.76	\$ 831.81	\$ 205.95	80.15%	\$ 475.86	\$ 561.90	45.85%
Employee/Family	\$ 1,474.72	\$ 1,092.05	\$ 382.67	74.05%	\$ 642.51	\$ 832.21	43.57%
HIGH PREMIUM \$0 DED \$2500/\$5000 OPM \$10/\$30/\$50 Rx							
		Employer	Employee	% of EE Cost Covered	Employer	Employee	% of EE Cost Covered
		Monthly Contribution			Monthly Contribution		
Employee	\$ 620.61	\$ 535.47	\$ 85.14	86.28%	\$ 256.22	\$ 364.39	41.29%
Employee/Child	\$ 930.94	\$ 698.30	\$ 232.64	75.01%	\$ 336.15	\$ 594.79	36.11%
Employee/Children	\$ 1,298.31	\$ 850.39	\$ 447.92	65.50%	\$ 407.25	\$ 891.06	31.37%
Employee/Spouse	\$ 1,179.18	\$ 787.47	\$ 391.71	66.78%	\$ 377.53	\$ 801.65	32.02%
Employee/Family	\$ 1,675.67	\$ 990.04	\$ 685.63	59.08%	\$ 472.08	\$ 1,203.59	28.17%
Delta Dental		Employer	Employee	% of EE Cost Covered	Employer	Employee	% of EE Cost Covered
		Monthly Contribution			Monthly Contribution		
Employee	\$ 34.56	\$ -	\$ 34.56	0.00%	\$ -	\$ 34.56	0.00%
Employee/Child	\$ 60.48	\$ -	\$ 60.48	0.00%	\$ -	\$ 60.48	0.00%
Employee/Children	\$ 65.30	\$ -	\$ 65.30	0.00%	\$ -	\$ 65.30	0.00%
Employee/Spouse	\$ 60.48	\$ -	\$ 60.48	0.00%	\$ -	\$ 60.48	0.00%
Employee/Family	\$ 107.10	\$ -	\$ 107.10	0.00%	\$ -	\$ 107.10	0.00%
EyeMed		Employer	Employee	% of EE Cost Covered	Employer	Employee	% of EE Cost Covered
		Monthly Contribution			Monthly Contribution		
Employee	\$ 6.89	\$ -	\$ 6.89	0.00%	\$ -	\$ 6.89	0.00%
Employee/Child	\$ 13.68	\$ -	\$ 13.68	0.00%	\$ -	\$ 13.68	0.00%
Employee/Children	\$ 13.68	\$ -	\$ 13.68	0.00%	\$ -	\$ 13.68	0.00%
Employee/Spouse	\$ 12.99	\$ -	\$ 12.99	0.00%	\$ -	\$ 12.99	0.00%
Employee/Family	\$ 20.06	\$ -	\$ 20.06	0.00%	\$ -	\$ 20.06	0.00%