

Charlottesville City Schools
Insurance Rates for Full-Time and Part-Time Employees
(effective 7/1/2019 - 6/30/2020)

	Delta Dental Employee Contribution (Monthly)	Payroll Deduction Amount (24 Pays)	Payroll Deduction Amount (20 Pays)
Employee	\$34.56	\$17.28	\$20.74
Employee + Child	\$60.48	\$30.24	\$36.29
Employee + Children	\$65.30	\$32.65	\$39.18
Employee + Spouse	\$60.48	\$30.24	\$36.29
Employee + Family	\$107.10	\$53.55	\$64.26
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	EyeMed Employee Contribution (Monthly)	Payroll Deduction Amount (24 Pays)	Payroll Deduction Amount (20 Pays)
Employee	\$6.89	\$3.45	\$4.13
Employee + Child	\$13.68	\$6.84	\$8.21
Employee + Children	\$13.68	\$6.84	\$8.21
Employee + Spouse	\$12.99	\$6.50	\$7.79
Employee + Family	\$20.06	\$10.03	\$12.04