

Charlottesville City Schools

Dental and Vision Insurance Rates for Full-Time and Part-Time Employees

(effective 7/1/2020 - 6/30/2021)

Delta Dental PPO plus Premier Plan	Current Employee Contribution (Monthly)	New Employee Contribution (Monthly)	Current Payroll Deduction Amount (24 Pays)	New Payroll Deduction Amount (24 Pays)	Payroll Deduction Increase (Per Pay)	Current Payroll Deduction Amount (20 Pays)	New Payroll Deduction Amount (20 Pays)	Payroll Deduction Increase (Per Pay)
Employee	\$34.56	\$40.12	\$17.28	\$20.06	\$2.78	\$20.74	\$24.07	\$3.34
Employee + Child	\$60.48	\$70.22	\$30.24	\$35.11	\$4.87	\$36.29	\$42.13	\$5.84
Employee + Children	\$65.30	\$75.81	\$32.65	\$37.91	\$5.26	\$39.18	\$45.49	\$6.31
Employee + Spouse	\$60.48	\$70.22	\$30.24	\$35.11	\$4.87	\$36.29	\$42.13	\$5.84
Employee + Family	\$107.10	\$124.34	\$53.55	\$62.17	\$8.62	\$64.26	\$74.60	\$10.34
EyeMed Vision Plan	Current Employee Contribution (Monthly)	New Employee Contribution (Monthly)	Current Payroll Deduction Amount (24 Pays)	New Payroll Deduction Amount (24 Pays)	Payroll Deduction Increase (Per Pay)	Current Payroll Deduction Amount (20 Pays)	New Payroll Deduction Amount (20 Pays)	Payroll Deduction Increase (Per Pay)
Employee	\$6.89	\$9.40	\$3.45	\$4.70	\$1.26	\$4.13	\$5.64	\$1.51
Employee + Child	\$13.68	\$18.67	\$6.84	\$9.34	\$2.50	\$8.21	\$11.20	\$2.99
Employee + Children	\$13.68	\$18.67	\$6.84	\$9.34	\$2.50	\$8.21	\$11.20	\$2.99
Employee + Spouse	\$12.99	\$17.73	\$6.50	\$8.87	\$2.37	\$7.79	\$10.64	\$2.84
Employee + Family	\$20.06	\$27.38	\$10.03	\$13.69	\$3.66	\$12.04	\$16.43	\$4.39