



TOWN OF CHRISTIANSBURG
ANTHEM/DELTA DENTAL
INSURANCE RATES
July 1, 2019 – June 30, 2020

EMPLOYEE ONLY

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| ANTHEM KEYCARE 500 - \$62.00 per month \$31.00 per pay (24) | ANTHEM HSA - \$38.00 per month \$19.00 per pay (24) |
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DELTA DENTAL - \$5.00 per month
\$2.50 per pay (24)

EMPLOYEE PLUS ONE – Includes Employee Portion

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| ANTHEM KEYCARE 500 - \$266.00 per month \$133.00 per pay (24) | ANTHEM HSA - \$174.00 per month \$87.00 per pay (24) |
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DELTA DENTAL - \$26.50 per month
\$13.25 per pay (24)

FAMILY (more than one dependent) – Includes Employee Portion

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| ANTHEM KEYCARE 500 - \$552.00 per month \$276.00 per pay (24) | ANTHEM HSA - \$268.00 per month \$134.00 per pay (24) |
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DELTA DENTAL - \$50.00 per month
\$25.00 per pay (24)

Anthem HSA PLAN ONLY – TOWN'S CONTRIBUTION INTO HEALTH SAVINGS PLAN:
\$1000 FOR EMPLOYEE ONLY **\$2000 FOR OTHER TIERS**

- New Hires that enroll in the Anthem H.S.A. plan will receive \$500 in their H.S.A. approximately three full pay periods after their start date regardless of the tier selected. New hires will receive the rest of the H.S.A. employer contribution for the tier they enrolled into after successful completion of their introductory period.
- **Employees enrolling in the H.S.A must deposit \$2.50 per pay check to receive the aforementioned H.S.A sponsored funding.**

*PLEASE SEE PLAN SUMMARIES FOR SPECIFIC INFORMATION ABOUT THE PLANS AND DEDUCTIBLES & VISIT <http://www.christiansburg.org/632/Employee-Benefits>.