



**Prince William County Schools
Health, Dental and Vision
Employee Payroll Deductions
FY 2014-2015**

Medical Packages	12 Month Paid Employees		10 Month Paid Employees	
	Full-time Per Pay Period Deduction	Part-time Per Pay Period Deduction	Full-time Per Pay Period Deduction	Part-time Per Pay Period Deduction
KeyCare Enhanced PPO/Delta Dental Premier Plan/Blue View Vision				
Employee Only	\$ 51.25	\$ 171.50	\$ 64.73	\$ 216.63
Employee & Children	\$ 207.22	\$ 368.47	\$ 261.74	\$ 465.42
Employee & Spouse	\$ 238.95	\$ 423.24	\$ 301.82	\$ 534.62
Employee & Family	\$ 339.36	\$ 606.57	\$ 428.65	\$ 766.18
SB Family	\$ 102.50	\$ 343.00	\$ 129.46	\$ 433.26
KeyCare Core PPO/Delta Dental Premier Plan/Blue View Vision				
Employee Only	\$ 26.26	\$ 146.51	\$ 33.17	\$ 185.07
Employee & Children	\$ 162.66	\$ 323.91	\$ 205.46	\$ 409.14
Employee & Spouse	\$ 187.32	\$ 371.61	\$ 236.61	\$ 469.41
Employee & Family	\$ 265.46	\$ 532.67	\$ 335.30	\$ 672.83
SB Family	\$ 52.52	\$ 293.02	\$ 66.34	\$ 370.14
Healthkeepers HMO/Delta Dental Premier Plan/Blue View Vision				
Employee Only	\$ 12.66	\$ 132.91	\$ 15.99	\$ 167.89
Employee & Children	\$ 138.21	\$ 299.46	\$ 174.57	\$ 378.25
Employee & Spouse	\$ 157.98	\$ 342.27	\$ 199.55	\$ 432.35
Employee & Family	\$ 229.04	\$ 496.25	\$ 289.32	\$ 626.85
SB Family	\$ 25.32	\$ 265.82	\$ 31.98	\$ 335.78
Supplemental Coverage Center				
Supplemental Delta Dental PPO (separate from medical package)				
	12 Month Paid Employee		10 Month Paid Employee	
Employee Only	\$12.43		\$15.70	
Employee & Children	\$27.04		\$34.16	
Employee & Spouse	\$23.67		\$29.90	
Employee & Family	\$42.30		\$53.43	
Supplemental Vision Service Plan (VSP) (separate from medical package)				
	12 Month Paid Employee		10 Month Paid Employee	
Employee Only	\$4.48		\$5.65	
Employee & Children	\$5.68		\$7.17	
Employee & Spouse	\$5.55		\$7.01	
Employee & Family	\$9.11		\$11.51	

Benefit Enrollment forms are available online at www.pwcs.benefits.schoolfusion.us