Prince William County
PUBLIC SCHOOLS
Providing A World-Class Education

Prince William County Schools
Health, Dental and Vision
Employee Payroll Deduction Form
FY 2019 - 2020

MEDICAL PLANS	12 Month Paid Employees (24 Deductions/Year)		10 Month Paid Employees (20 Deductions/Year)	
	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/Blue View Vision				
Employee Only	$ 61.18	$ 198.22	$ 73.41	$ 237.86
Employee & Children	$ 239.97	$ 422.16	$ 287.96	$ 506.59
Employee & Spouse	$ 279.42	$ 490.35	$ 335.31	$ 588.43
Employee & Family	$ 395.56	$ 700.07	$ 474.67	$ 840.09
2 Employee Spouse/Family	$ 122.36	$ 396.44	$ 146.82	$ 475.72
KeyCare Core PPO/Blue View Vision				
Employee Only	$ 30.39	$ 167.43	$ 36.46	$ 200.91
Employee & Children	$ 185.80	$ 367.99	$ 222.96	$ 441.59
Employee & Spouse	$ 216.70	$ 427.63	$ 260.04	$ 513.16
Employee & Family	$ 305.49	$ 610.00	$ 366.58	$ 732.00
2 Employee Spouse/Family	$ 60.78	$ 334.86	$ 72.92	$ 401.82
Healthkeepers HMO/Blue View Vision				
Employee Only	$ 14.42	$ 151.46	$ 17.30	$ 181.75
Employee & Children	$ 156.16	$ 338.35	$ 187.39	$ 406.02
Employee & Spouse	$ 180.79	$ 391.72	$ 216.95	$ 470.07
Employee & Family	$ 261.01	$ 565.52	$ 313.21	$ 678.63
2 Employee Spouse/Family	$ 28.84	$ 302.92	$ 34.60	$ 363.50
Kaiser Permanente				
Employee Only	$ 12.26	$ 128.75	$ 14.70	$ 154.50
Employee & Children	$ 132.75	$ 287.62	$ 159.29	$ 345.14
Employee & Spouse	$ 153.68	$ 332.98	$ 184.41	$ 399.57
Employee & Family	$ 221.86	$ 480.70	$ 266.23	$ 576.84
2 Employee Spouse/Family	$ 24.52	$ 257.50	$ 29.40	$ 309.00

DENTAL / VISION PLANS	12 Month Paid Employees (24 Deductions/Year)		10 Month Paid Employees (20 Deductions/Year)	
	Deduction	Deduction	Deduction	Deduction
Delta Dental Standard Plan (Excludes Orthodontia and Implant Coverage)				
Employee Only	$ 0.84	$ 8.86	$ 1.00	$ 10.62
Employee & Children	$ 10.12	$ 21.93	$ 12.14	$ 26.32
Employee & Spouse	$ 9.66	$ 20.94	$ 11.59	$ 25.12
Employee & Family	$ 14.89	$ 32.27	$ 17.86	$ 38.73
2 Employee Spouse/Family	$ 1.68	$ 17.72	$ 2.00	$ 21.24
Delta Dental High Plan (Inclludes Orthodontia and Implant Coverage)				
Employee Only	$ 3.87	$ 11.89	$ 4.64	$ 14.26
Employee & Children	$ 16.17	$ 27.98	$ 19.40	$ 33.58
Employee & Spouse	$ 15.44	$ 26.72	$ 18.53	$ 32.06
Employee & Family	$ 23.80	$ 41.18	$ 28.56	$ 49.43
2 Employee Spouse/Family	$ 7.74	$ 23.78	$ 9.28	$ 28.52
Supplemental Vision Service Plan				
Employee Only	$ 4.66		$ 5.59	
Employee & Children	$ 5.91		$ 7.09	
Employee & Spouse	$ 5.78		$ 6.94	
Employee & Family	$ 9.48		$ 11.38	