



Giles County Administration
 315 North Main Street
 Pearisburg, VA 24134
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Health Benefit Overview FY2019

FY 2019 Health Benefit Overview With Semi Monthly Rates							
FY 2019 Pay Roll Deductions				FY2019 Health Plan Overview			
Medical Plan (No Dental or Vision)					BPA/VSBA 1000	BPA/VSBA 2800	BPA/VSBA 5000
Per Pay Period	1000 Deductable	2800 Deductable	5000 Deductable	<u>In Network:</u>	PPO	PPO	PPO
Employee Only	\$82.50	\$55.00	\$0.00	Deductible	\$1,000/\$2,000	2,800/5600	\$5,000/\$10,000
Employee + 1	\$425.00	\$275.00	\$200.00	Out of Pocket Maximum	\$5,000/\$9,000	5,000/10,000	\$5,000/\$10,000
Family	\$650.00	\$450.00	\$325.00	Coinsurance %	20%	20%	100%
				Preventive Care	\$0	\$0	\$0
Medical Plan + Vision (No Dental)				PCP	\$25 copay	20% AD	100% AD
Per Pay Period	1000 Deductable	2800 Deductable	5000 Deductable	Specialist	\$40 copay	20% AD	100% AD
Employee Only	\$86.00	\$58.50	\$3.50	Inpatient Hospitalization	20% AD	20% AD	100% AD
Employee + 1	\$430.50	\$280.50	\$205.50	Outpatient Surgery	20% AD	20% AD	100% AD
Family	\$659.00	\$459.00	\$334.00	Emergency Room	20% AD	20% AD	100% AD
				Pharmacy	\$10/\$30/\$45/\$55	20% AD	100% AD
Medical Plan + Dental (No Vision)				<u>Out of Network:</u>			
Per Pay Period	1000 Deductable	2800 Deductable	5000 Deductable	Deductible & Co-insurance %	\$2,000/\$4,000 & 30%	\$2800/\$5600/ 40%	\$5,000/\$10,000/100%
Employee Only	\$102.50	\$75.00	\$20.00	Out-of-Pocket (indiv/fam)	\$9,000/\$18,000	\$10,000/\$20,000	\$10,000/\$20,000
Employee + 1	\$467.50	\$317.50	\$242.50	Health Saving Account Overview (HSA)			
Family	\$718.50	\$518.50	\$393.50	2800 Deductable \$75.00 Monthly Deposited to the (HSA)			
				5000 Deductable \$125.00 Monthly Deposited to the (HSA)			
Medical Plan + Dental and Vision				HSA Employer Contribution is Deposited on June 30th and December 30th. New Employees deposit will be reduced by the number of months missed in the 6 month Period			
Per Pay Period	1000 Deductable	2800 Deductable	5000 Deductable				
Employee Only	\$106.00	\$78.50	\$23.50				
Employee + 1	\$473.00	\$323.00	\$248.00				
Family	\$727.50	\$527.50	\$402.50				

All benefits listed are subject to change in coverage and rates. This document is designed to be condensed information for employees and prospective employees and should not be construed as County Policy.