



Loudoun County Public Schools Health Insurance Rates for Active Employees January 1, 2023 - December 31, 2023



Coverage	HIGH DEDUCTIBLE HEALTH PLAN with HSA (HDHP)		
	Employee Cost (Bi-Weekly)	LCPS Cost (Bi-Weekly)	Total Premium (Bi-Weekly)
Employee Only	\$4.26	\$306.83	\$311.09
Employee Plus One Child	\$9.59	\$432.16	\$441.75
Employee Plus Spouse	\$60.37	\$561.82	\$622.19
Family	\$86.27	\$691.45	\$777.72

HEALTH SAVINGS ACCOUNT (HSA)	
LCPS Annual Contribution	
\$1,000.00	
\$2,000.00	
\$2,000.00	
\$2,000.00	

Coverage	OPEN ACCESS PLAN (OAP)		
	Employee Cost (Bi-Weekly)	LCPS Cost (Bi-Weekly)	Total Premium (Bi-Weekly)
Employee Only	\$8.13	\$345.23	\$353.36
Employee Plus One Child	\$44.39	\$456.94	\$501.33
Employee Plus Spouse	\$106.33	\$601.47	\$707.80
Family	\$158.78	\$723.84	\$882.62

POINT OF SERVICE PLAN (POS)		
Employee Cost (Bi-Weekly)	LCPS Cost (Bi-Weekly)	Total Premium (Bi-Weekly)
\$63.82	\$354.56	\$418.38
\$124.36	\$469.30	\$593.66
\$220.15	\$617.73	\$837.88
\$301.77	\$743.40	\$1,045.17

Coverage	DELTA DENTAL		
	Employee Cost (Bi-Weekly)	LCPS Cost (Bi-Weekly)	Total Premium (Bi-Weekly)
Employee Only	\$0.65	\$27.55	\$28.20
Employee Plus One Child	\$3.60	\$36.60	\$40.20
Employee Plus Spouse	\$8.29	\$47.53	\$55.82
Family	\$12.70	\$57.82	\$70.52

DAVIS VISION		
Employee Cost (Bi-Weekly)	LCPS Cost (Bi-Weekly)	Total Premium (Bi-Weekly)
\$0.06	\$2.29	\$2.35
\$0.39	\$3.25	\$3.64
\$0.52	\$3.55	\$4.07
\$1.29	\$5.35	\$6.64

Actual per pay period rates may differ slightly due to rounding.

Important Note: If you do not enroll in the LCPS Group Health Insurance Program (as an employee or a dependent of an employee), you may elect to receive an Opt Out Credit of \$9.00 per pay period, paid via payroll. Initial enrollment in the Opt Out Credit is NOT automatic, you must select this option in Oracle Self-Service.