

AMELIA COUNTY PUBLIC SCHOOLS

The Local Choice - Health Insurance Program



Fiscal Year 2021 Monthly Rate Table



Plan Option	Coverage Tier	Employer	Employee	Total Monthly Premium
Key Advantage 500	Employee	\$719	\$148	\$867
	Dual	\$1,142	\$463	\$1,605
	Family	\$1,380	\$963	\$2,343
Key Advantage 1000	Employee	\$686	\$140	\$826
	Dual	\$1,089	\$439	\$1,528
	Family	\$1,321	\$909	\$2,230
High Deductible Health Plan	Employee	\$593	\$118	\$711
	Dual	\$945	\$371	\$1,316
	Family	\$1,153	\$767	\$1,920
Shared Plans - Monthly Rate Table				
Key Advantage 500	Dual	\$1,373	\$232	\$1,605
	Family	\$1,861	\$482	\$2,343
Key Advantage 1000	Dual	\$1,308	\$220	\$1,528
	Family	\$1,775	\$455	\$2,230
High Deductible Health Plan	Dual	\$1,130	\$186	\$1,316
	Family	\$1,536	\$384	\$1,920

These rates will be in effect from October 1, 2020 through September 30, 2021.