



**Prince William County Schools
Health, Dental and Vision
Employee Payroll Deductions
FY 2011-2012**

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	\$ 47.10	\$ 157.29	\$ 59.49	\$ 198.68
Employee & Children	\$ 190.08	\$ 337.76	\$ 240.10	\$ 426.64
Employee & Spouse	\$ 219.29	\$ 388.22	\$ 276.99	\$ 490.38
Employee & Family	\$ 311.38	\$ 556.24	\$ 393.32	\$ 702.62
SB Family	\$ 94.20	\$ 314.58	\$ 118.98	\$ 397.36
KeyCare Core PPO/Delta Dental Premier Plan/Blue View Vision				
Employee Only	\$ 24.10	\$ 134.29	\$ 30.44	\$ 169.63
Employee & Children	\$ 149.08	\$ 296.76	\$ 188.31	\$ 374.85
Employee & Spouse	\$ 171.79	\$ 340.72	\$ 216.99	\$ 430.38
Employee & Family	\$ 243.38	\$ 488.24	\$ 307.42	\$ 616.72
SB Family	\$ 48.20	\$ 268.58	\$ 60.88	\$ 339.26
Healthkeepers HMO/Delta Dental Premier Plan/Blue View Vision				
Employee Only	\$ 11.60	\$ 121.79	\$ 14.65	\$ 153.84
Employee & Children	\$ 126.58	\$ 274.26	\$ 159.89	\$ 346.43
Employee & Spouse	\$ 144.79	\$ 313.72	\$ 182.89	\$ 396.28
Employee & Family	\$ 209.88	\$ 454.74	\$ 265.11	\$ 574.41
SB Family	\$ 23.20	\$ 243.58	\$ 29.30	\$ 307.68
Supplemental Coverage Center				
Supplemental Delta Dental PPO (separate from medical package)				
	12 Month Paid Employee		10 Month Paid Employee	
Employee Only	\$10.95		\$13.83	
Employee & Children	\$23.83		\$30.10	
Employee & Spouse	\$20.83		\$26.35	
Employee & Family	\$37.27		\$47.08	
Supplemental Vision Service Plan (VSP) (separate from medical package)				
	12 Month Paid Employee		10 Month Paid Employee	
Employee Only	\$4.15		\$5.24	
Employee & Children	\$5.26		\$6.64	
Employee & Spouse	\$5.14		\$6.49	
Employee & Family	\$8.44		\$10.65	

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