



THE LOCAL CHOICE HEALTH BENEFITS PROGRAM FOR 2024 – 2025

KEY ADVANTAGE 250 PLAN WITH COMPREHENSIVE DENTAL COVERAGE			
TIER LEVEL	EMPLOYER	EMPLOYEE	TOTAL PREMIUM
SINGLE COVERAGE	\$ 806.00	\$ 220.00	\$1,026.00
DUAL COVERAGE	\$ 1,367.00	\$ 531.00	\$1,898.00
FAMILY COVERAGE	\$ 1,997.00	\$ 773.00	\$2,770.00
DUAL COVERAGE / WORKING SPOUSE	\$ 1,086.00	\$ 812.00	\$1,898.00
FAMILY COVERAGE / WORKING SPOUSE	\$ 1,682.00	\$ 1,088.00	\$2,770.00
DUAL COVERAGE / BOTH ACPS	\$1,612.00	\$ 286.00	\$1,898.00
FAMILY COVERAGE / BOTH ACPS	\$2,045.00	\$ 725.00	\$2,770.00

KEY ADVANTAGE 1000 PLAN WITH COMPREHENSIVE DENTAL COVERAGE			
TIER LEVEL	EMPLOYER	EMPLOYEE	TOTAL PREMIUM
SINGLE COVERAGE	\$ 806.00	\$ 64.00	\$ 870.00
DUAL COVERAGE	\$ 1,367.00	\$ 242.00	\$1,609.00
FAMILY COVERAGE	\$1,997.00	\$ 352.00	\$2,349.00
DUAL COVERAGE / WORKING SPOUSE	\$ 1,086.00	\$ 523.00	\$1,609.00
FAMILY COVERAGE / WORKING SPOUSE	\$ 1,682.00	\$ 667.00	\$2,349.00
DUAL COVERAGE / BOTH ACPS	\$1,609.00	\$ 0.00	\$1,609.00
FAMILY COVERAGE / BOTH ACPS	\$2,045.00	\$304.00	\$2,349.00

HIGH DEDUCTIBLE HEALTH PLAN WITH COMPREHENSIVE DENTAL COVERAGE			
TIER LEVEL	EMPLOYER	EMPLOYEE	TOTAL PREMIUM
SINGLE COVERAGE	\$ 747.00	\$ 0.00	\$ 747.00
DUAL COVERAGE	\$ 1,367.00	\$ 16.00	\$1,383.00
FAMILY COVERAGE	\$ 1,997.00	\$ 20.00	\$2,017.00
DUAL COVERAGE / WORKING SPOUSE	\$ 1,086.00	\$ 297.00	\$1,383.00
FAMILY COVERAGE / WORKING SPOUSE	\$ 1,682.00	\$ 335.00	\$2,017.00
DUAL COVERAGE / BOTH ACPS	\$1,383.00	\$ 0.00	\$1,383.00
FAMILY COVERAGE / BOTH ACPS	\$2,017.00		\$2,017.00

The High Deductible Health Plan is offered in conjunction with a Health Savings Account (HSA) which is a tax-favored savings account for the purpose of paying medical expenses. ***The School Board will provide a one-time contribution of \$500.00 to an employee's HSA account upon initial enrollment in an HSA plan (subsequent re-enrollment is not eligible). (Deductible has increased from \$3000 to \$3200, \$6000 to \$6400)***

The Dual Coverage/Working Spouse and Family Coverage/Working Spouse options apply to employees whose spouse is eligible for health insurance coverage through their own employer, but the employee still opts to cover their spouse under the Alleghany County Public Schools plans.

The Dual Coverage/Both ACPS and Family Coverage/Both ACPS options apply when both employees are employed by Alleghany County Public Schools in full-time benefit eligible positions.

The above Key Advantage 250, Key Advantage 1000, and High Deductible Health Plan premiums include Medical, **Comprehensive** Dental, and Vision coverages.

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KEY ADVANTAGE 250 PLAN WITH PREVENTIVE DENTAL COVERAGE			
TIER LEVEL	EMPLOYER	EMPLOYEE	TOTAL PREMIUM
SINGLE COVERAGE	\$ 806.00	\$ 201.00	\$1,007.00
DUAL COVERAGE	\$ 1,367.00	\$ 495.00	\$1,862.00
FAMILY COVERAGE	\$ 1,997.00	\$ 722.00	\$2,719.00
DUAL COVERAGE / WORKING SPOUSE	\$ 1,086.00	\$ 776.00	\$1,862.00
FAMILY COVERAGE / WORKING SPOUSE	\$ 1,682.00	\$1,037.00	\$2,719.00
DUAL COVERAGE / BOTH ACPS	\$1,612.00	\$ 250.00	\$1,862.00
FAMILY COVERAGE / BOTH ACPS	\$2,045.00	\$ 674.00	\$2,719.00

KEY ADVANTAGE 1000 PLAN WITH PREVENTIVE DENTAL COVERAGE			
TIER LEVEL	EMPLOYER	EMPLOYEE	TOTAL PREMIUM
SINGLE COVERAGE	\$ 806.00	\$ 45.00	\$ 851.00
DUAL COVERAGE	\$ 1,367.00	\$208.00	\$1,575.00
FAMILY COVERAGE	\$1,997.00	\$301.00	\$2,298.00
DUAL COVERAGE / WORKING SPOUSE	\$ 1,086.00	\$489.00	\$1,575.00
FAMILY COVERAGE / WORKING SPOUSE	\$ 1,682.00	\$616.00	\$2,298.00
DUAL COVERAGE / BOTH ACPS	\$1,575.00	\$ 0.00	\$1,575.00
FAMILY COVERAGE / BOTH ACPS	\$2,045.00	\$253.00	\$2,298.00

HIGH DEDUCTIBLE HEALTH PLAN WITH PREVENTIVE DENTAL COVERAGE			
TIER LEVEL	EMPLOYER	EMPLOYEE	TOTAL PREMIUM
SINGLE COVERAGE	\$ 728.00	\$ 0.00	\$ 728.00
DUAL COVERAGE	\$ 1,348.00	\$ 0.00	\$1,348.00
FAMILY COVERAGE	\$ 1,966.00	\$ 0.00	\$1,966.00
DUAL COVERAGE / WORKING SPOUSE	\$ 1,086.00	\$ 262.00	\$1,348.00
FAMILY COVERAGE / WORKING SPOUSE	\$ 1,682.00	\$ 284.00	\$1,966.00
DUAL COVERAGE / BOTH ACPS	\$ 1,348.00	\$ 0.00	\$1,348.00
FAMILY COVERAGE / BOTH ACPS	\$1,966.00	\$ 0.00	\$1,966.00

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