The following chart provides a comparison of the three health insurance plans that GPCS offers. This is not an all-inclusive comparison. It only addresses commonly asked questions about services.

Health Plan Comparison

Services (Most Commonly Asked About)	Option 1 Key Advantage 250 PPO	Option 2 Key Advantage 500 PPO	Option 3 High Deductible Health Plan PPO
Referrals Required?	No	No	No
Plan Year Deductible (July through June)	$250 individual $500 family	$500 individual $1,000 family	$3,400 individual $6,800 family
Maximum Out-of Pocket In network (Plan Year)	$3,000 individual $6,000 family	$4,000 individual $8,000 family	$5,000 individual $10,000 family
Office Visits (for illness or injury)	$20 PCP $35 Specialist	$25 PCP $40 Specialist	20% coinsurance, after deductible
Wellness Services (Well Child & Adult Preventive Care)	Covered at 100%; No Charge	Covered at 100%; No Charge	Covered at 100%; No Charge
Inpatient Hospitalization	$400 copay per stay	20% coinsurance, after deductible	20% coinsurance, after deductible
Outpatient Hospitalization	$150 copay per visit	20% coinsurance, after deductible	20% coinsurance, after deductible
Emergency Room	$350 copay per visit (waived if admitted to hospital)	20% coinsurance, after deductible	20% coinsurance, after deductible
Pharmacy Prescription Drugs *Key Advantage Plans: - Tier 2&3- $150 deductible (max. 2x family) - Tier 4- $150 deductible, then 20%, up to $200 max per script	Tier 1 - $10 Tier 2 - $30 Tier 3 - $45 Tier 4 - $55	Tier 1 - $10 Tier 2 - $30 Tier 3 - $45 Tier 4 - $55	20% coinsurance, after deductible
Mail Order Prescription Drugs	Tier 1 - $20 Tier 2 - $60 Tier 3 - $90 Tier 4 - $110	Tier 1 - $20 Tier 2 - $60 Tier 3 - $90 Tier 4 - $110	20% coinsurance, after deductible
Out-of-Network Benefits	Yes	Yes	Yes

Routine Vision – Routine vision benefits now available through Blue View Vision (included with medical).

Type of Service	**Paired with Key Advantage 250**	**Paired with Key Advantage 500**	**Paired with High Deductible Health Plan**
Routine Eye Exam (once every 12 months)	$35 copay	$40 copay	$15 copay
Eyeglass Lenses (once every 12 months)	$20 copay	$20 copay	$20 copay
Eyeglass Frames (once every 12 months)	Up to $100 retail allowance 20% discount above allowance	Up to $100 retail allowance 20% discount above allowance	Up to $100 retail allowance 20% discount above allowance
Contact Lenses (instead of eyeglass (once every 12 months)	Up to $100 retail allowance	Up to $100 retail allowance	Up to $100 retail allowance

Dental Plan Comparison

Dental Benefits – There are two dental benefits to choose from, Preventive and Comprehensive coverage. Please remember that while Preventive Dental may have lower cost coverage, it **only** covers routine oral exams and cleanings twice per plan year, x-rays, sealants and fluoride for children. Our plans also offer you the flexibility to seek treatment from any provider. As with our Medical plan, you will maximize your dental benefits if you use a Delta Dental PPO or Premier provider due to the agreements Delta Dental has in place with their contracted dentists

Benefits	Preventive Dental	Comprehensive Dental
Dental Plan Year Deductible	No contract year deductible	$25 Individual $75 Family
Plan Year Maximum	No contract year maximum	$1,500
Preventive Dental Care (routine oral exam and cleaning - twice per contract year, x-rays, sealants and fluoride for children)	100%	100%
Primary Dental Care (fillings, root canal, simple extractions, periodontic services, etc.)	Not Covered	80% coverage after deductible
Major Dental Care (crowns, inlays, onlays, dentures and fixed bridges)	Not Covered	50% coverage after deductible
Orthodontic Services (for children and adults)	Not Covered	50% coverage, no deductible, with $1,500 lifetime maximum

Voluntary Benefit Options

GPCS offers additional benefits that employees may purchase through payroll deduction.

Vendor	Product
Allstate	Whole Life Insurance
Allstate	Off The Job Accident Insurance
Allstate	Cancer Insurance
AFLAC Group	Group Critical Illness Insurance
AFLAC Group	Short Term Disability Insurance *(Not Available to VRS Hybrid Members)
AFLAC Group	Hospital Indemnity Insurance

GOOCHLAND POWHATAN COMMUNITY SERVICES RATE FORM
Plan Year July 1, 2026 – June 30,
2027MEDICAL/DENTAL/VISION ENROLLMENT RATES

Option 1 - Key Advantage 500 *Comprehensive Dental*	**Total monthly premium**	**Total Semi monthly premium**	**EmployEE *Semi monthly***	**GPCS *Semi monthly***
Employee Only	$880.00	$440.00	$7.50	$432.50
Employee + 1	$1630.00	$815.00	$223.00	$592.00
Family	$2,378.00	$1,189.00	$422.50	$766.50
Option 2- Key Advantage 500 *Preventative Dental*	**Total monthly premium**	**Total Semi monthly premium**	**EmployEE *Semi monthly***	**GPCS *Semi monthly***
Employee Only	$860.00	$430.00	$7.50	$422.50
Employee + 1	$1,593.00	$796.50	$205.50	$591.00
Family	$2,324.00	$1,162.00	$398.00	$764.00
Option 3 - Key Advantage 250 *Comprehensive Dental*	**Total monthly premium**	**Total Semi monthly premium**	**EmployEE *Semi monthly***	**GPCS *Semi monthly***
Employee Only	$982.00	$491.00	$67.00	$424.00
Employee + 1	$1,816.00	$908.00	$332.50	$575.50
Family	$2,652.00	$1326.00	$583.50	$742.50
Option 4 - Key Advantage 250 *Preventative Dental*	**Total monthly premium**	**Total Semi monthly premium**	**EmployEE *Semi monthly***	**GPCS *Semi monthly***
Employee Only	$962.00	$481.00	$67.00	$414.00
Employee + 1	$1,779.00	$889.50	$316.00	$573.50
Family	$2598.00	$1,299.00	$558.50	$740.50

Option 5 - High Deductible Health Plan *Comprehensive Dental*	**Total monthly premium**	**Total Semi monthly premium**	**EmployEE *Semi monthly***	**GPCS *Semi monthly***	GPCS HSA contribution *Semi monthly*
Employee Only	$716.00	$358.00	$0.00	$358.00	$50.00
Employee + 1	$1,323.00	$661.50	$74.50	$587.00	$55.00
Family	$1,934.00	$967.00	$207.50	$759.50	$55.00
Option 6 – High Deductible Health Plan *Preventative Dental*	**Total monthly premium**	**Total Semi monthly premium**	**EmployEE *Semi monthly***	**GPCS *Semi monthly***	GPCS HAS contribution *Semi monthly*
Employee Only	$696.00	$348.00	$0.00	$348.00	$50.00
Employee + 1	$1,286.00	$643.00	$57.50	$585.50	$55.00
Family	$1,880.00	$940.00	$181.50	$758.50	$55.00