

Henrico County 2026 Health Care Rates

The tables below show the cost breakdowns for permanent, full-time employees. Permanent part-time employees (20–29 hours per week) must pay the full cost of the coverage they elect.

Premier POS Plan

Coverage Tier	Total Cost (Monthly)	County Cost (Monthly)	Employee Cost (Monthly)	Employee Cost (Bi-weekly*)
Employee Only	\$972.38	\$852.74	\$119.64	\$59.82
Employee + Child	\$1,478.06	\$1,102.26	\$375.80	\$187.90
Employee + Spouse	\$2,236.32	\$1,389.82	\$476.96	\$238.48
Employee + Children	\$1,866.78	\$1,657.88	\$578.44	\$289.22
Employee + Family	\$2,829.30	\$1,999.48	\$829.82	\$414.91

Standard POS Plan

Coverage Tier	Total Cost (Monthly)	County Cost (Monthly)	Employee Cost (Monthly)	Employee Cost (Bi-weekly*)
Employee Only	\$844.26	\$762.26	\$82.00	\$41.00
Employee + Child	\$1,283.36	\$1,036.04	\$247.32	\$123.66
Employee + Spouse	\$1,620.84	\$1,294.34	\$326.50	\$163.25
Employee + Children	\$1,941.74	\$1,544.58	\$397.16	\$198.58
Employee + Family	\$2,456.44	\$1,860.38	\$596.06	\$298.03

High-Deductible Health Plan (HDHP) with Health Savings Account (HSA)

Coverage Tier	Total Cost (Monthly)	County Cost (Monthly)	Employee Cost (Monthly)	Employee Cost (Bi-weekly*)
Employee Only	\$556.56	\$511.72	\$44.84	\$22.42
Employee + Child	\$908.08	\$759.02	\$149.06	\$74.53
Employee + Spouse	\$1,078.86	\$875.16	\$203.70	\$101.85
Employee + Children	\$1,241.26	\$1,012.26	\$229.00	\$114.50
Employee + Family	\$1,501.76	\$1,136.06	\$365.70	\$182.85

Note: The Monthly Total Cost and Monthly Employer Contribution amounts for the high-deductible plan include HSA funding for full-time employees. Employer HSA contributions are made per pay period and total \$125 per month for employee-only coverage and \$250 per month for employee plus dependent coverage.

**Bi-weekly costs are deducted from 24 of the 26 pay periods.*