

Henrico County

2027 Double Contribution Health Care Rates

The tables below show the cost for married couples who work full-time for Henrico County and Public Schools enrolled. Employees eligible for double contribution need to contact the HR Benefits Division directly to enroll or change their coverage.

Premier POS Plan

Coverage Tier	Cardholder (Monthly)	Cardholder Cost (Bi-weekly ³)	Non- Cardholder Cost (Monthly)	Non-Cardholder Cost (Bi-weekly ³)
Employee + Spouse ¹	\$110.00	\$55.00	\$0.00	\$0.00
Employee + Family ²	\$270.00	\$135.00	\$0.00	\$0.00

Standard POS Plan

Coverage Tier	Cardholder (Monthly)	Cardholder Cost (Bi-weekly ³)	Non- Cardholder Cost (Monthly)	Non-Cardholder Cost (Bi-weekly ³)
Employee + Spouse ¹	\$76.00	\$38.00	\$0.00	\$0.00
Employee + Family ²	\$136.00	\$68.00	\$0.00	\$0.00

Note: The double contribution benefit does not apply to the high-deductible health plan (HDHP).

¹Employee and Spouse: Coverage includes you and your spouse (no children).

²Employee and Family: Coverage includes you, your spouse, and one or more children.

³Bi-weekly costs are deducted from 24 of the 26 pay periods.