

Henrico County

2027 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	\$1,059.90	\$925.26	\$134.64	\$67.32
Employee + Child	\$1,611.10	\$1,205.30	\$405.80	\$202.90
Employee + Spouse	\$2,034.80	\$1,527.84	\$506.96	\$253.48
Employee + Children	\$2,437.60	\$1,859.16	\$578.44	\$289.22
Employee + Family	\$3,083.94	\$2,214.12	\$869.82	\$434.91

Standard POS Plan

Coverage Tier	Total Cost (Monthly)	County Cost (Monthly)	Employee Cost (Monthly)	Employee Cost (Bi-weekly*)
Employee Only	\$920.24	\$830.24	\$90.00	\$45.00
Employee + Child	\$1,398.86	\$1,135.54	\$263.32	\$131.66
Employee + Spouse	\$1,766.72	\$1,424.22	\$342.50	\$171.25
Employee + Children	\$2,116.50	\$1,719.34	\$397.16	\$198.58
Employee + Family	\$2,677.52	\$2,049.46	\$628.06	\$314.03

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	\$606.66	\$553.82	\$52.84	\$26.42
Employee + Child	\$989.82	\$824.76	\$165.06	\$82.53
Employee + Spouse	\$1,175.96	\$956.26	\$219.70	\$109.85
Employee + Children	\$1,352.98	\$1,123.98	\$229.00	\$114.50
Employee + Family	\$1,636.92	\$1,239.22	\$397.70	\$198.85

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.*