

Henrico County

2027 Health Care Rates

The tables below show the total premium costs for permanent part-time employees who work 20–29 hours per week.

Premier POS Plan

Coverage Tier	Total Cost (Monthly)	County Cost (Monthly)	Employee Cost (Monthly)	Employee Cost (Bi-weekly*)
Employee Only	\$1,059.90	\$0.00	\$1,059.90	\$529.95
Employee + Child	\$1,611.10	\$0.00	\$1,611.10	\$805.55
Employee + Spouse	\$2,034.80	\$0.00	\$2,034.80	\$1,017.40
Employee + Children	\$2,437.60	\$0.00	\$2,437.60	\$1,218.80
Employee + Family	\$3,083.94	\$0.00	\$3,083.94	\$1,541.97

Standard POS Plan

Coverage Tier	Total Cost (Monthly)	County Cost (Monthly)	Employee Cost (Monthly)	Employee Cost (Bi-weekly*)
Employee Only	\$920.24	\$0.00	\$920.24	\$460.12
Employee + Child	\$1,398.86	\$0.00	\$1,398.86	\$699.43
Employee + Spouse	\$1,766.72	\$0.00	\$1,766.72	\$883.36
Employee + Children	\$2,116.50	\$0.00	\$2,116.50	\$1,058.25
Employee + Family	\$2,677.52	\$0.00	\$2,677.52	\$1,338.76

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	\$481.66	\$0.00	\$481.66	\$240.83
Employee + Child	\$739.82	\$0.00	\$739.82	\$369.91
Employee + Spouse	\$925.95	\$0.00	\$925.95	\$462.98
Employee + Children	\$1,102.98	\$0.00	\$1,102.98	\$551.49
Employee + Family	\$1,386.92	\$0.00	\$1,386.92	\$693.46

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