

PRINCE WILLIAM COUNTY
FY 2027 HEALTH CARE COSTS
Part Time Employees

Effective: July 1, 2026

	TOTAL PREMIUM	EMPLOYEE PAYS (Monthly)	EMPLOYEE PAYS (Bi-Weekly)
ANTHEM - HEALTHKEEPERS - POS			
			APS
Individual	\$ 850.32	\$ 850.32	\$ 425.16
Employee/Child(ren)	\$ 1,505.20	\$ 1,505.20	\$ 752.60
Employee/Spouse	\$ 1,755.16	\$ 1,755.16	\$ 877.58
Family	\$ 2,511.08	\$ 2,511.08	\$ 1,255.54
ANTHEM - PPO CORE			
			ACR
Individual	\$ 900.40	\$ 900.40	\$ 450.20
Employee/Child(ren)	\$ 1,615.16	\$ 1,615.16	\$ 807.58
Employee/Spouse	\$ 1,889.98	\$ 1,889.98	\$ 944.99
Family	\$ 2,699.18	\$ 2,699.18	\$ 1,349.59
ANTHEM - PPO ENHANCED			
			AEN
Individual	\$ 992.00	\$ 992.00	\$ 496.00
Employee/Child(ren)	\$ 1,779.70	\$ 1,779.70	\$ 889.85
Employee/Spouse	\$ 2,077.04	\$ 2,077.04	\$ 1,038.52
Family	\$ 2,969.66	\$ 2,969.66	\$ 1,484.83
KAISER - HMO			
			KPF
Individual	\$ 777.45	\$ 777.45	\$ 388.73
Employee/Child(ren)	\$ 1,376.24	\$ 1,376.24	\$ 688.12
Employee/Spouse	\$ 1,604.81	\$ 1,604.81	\$ 802.41
Family	\$ 2,296.04	\$ 2,296.04	\$ 1,148.02
DELTA DENTAL - CORE			
			DEL
Single	\$ 32.60	\$ 32.60	\$ 16.30
Double	\$ 61.36	\$ 61.36	\$ 30.68
Family	\$ 100.06	\$ 100.06	\$ 50.03
DELTA DENTAL - ENHANCED			
			DDEF
Single	\$ 44.72	\$ 44.72	\$ 22.36
Double	\$ 84.44	\$ 84.44	\$ 42.22
Family	\$ 137.68	\$ 137.68	\$ 68.84
VSP - VISION PLAN			
			VSP
EE Only	\$ 8.90	\$ 8.90	\$ 4.45
EE + Child	\$ 11.28	\$ 11.28	\$ 5.64
EE + Spouse	\$ 11.04	\$ 11.04	\$ 5.52
EE + Family	\$ 18.10	\$ 18.10	\$ 9.05