

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 F
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

PRINCE WILLIAM COUNTY
FY 2027 HEALTH CARE COSTS
Full Time Employees

Effective: July 1, 2026

	TOTAL PREMIUM	County Pays (Monthly)	County Pays (Bi-Weekly)	EMPLOYEE PAYS (Monthly)	EMPLOYEE PAYS (Bi-Weekly)
ANTHEM - HEALTHKEEPERS - POS					
				APS	
Individual	\$ 850.32	\$ 810.36	\$ 405.18	\$ 39.96	\$ 19.98
Employee/Child(ren)	\$ 1,505.20	\$ 1,130.62	\$ 565.31	\$ 374.58	\$ 187.29
Employee/Spouse	\$ 1,755.16	\$ 1,322.98	\$ 661.49	\$ 432.18	\$ 216.09
Family	\$ 2,511.08	\$ 1,889.42	\$ 944.71	\$ 621.66	\$ 310.83
ANTHEM - PPO CORE					
				ACR	
Individual	\$ 900.40	\$ 810.36	\$ 405.18	\$ 90.04	\$ 45.02
Employee/Child(ren)	\$ 1,615.16	\$ 1,130.62	\$ 565.31	\$ 484.54	\$ 242.27
Employee/Spouse	\$ 1,889.98	\$ 1,322.98	\$ 661.49	\$ 567.00	\$ 283.50
Family	\$ 2,699.18	\$ 1,889.42	\$ 944.71	\$ 809.76	\$ 404.88
ANTHEM - PPO ENHANCED					
				AEN	
Individual	\$ 992.00	\$ 810.36	\$ 405.18	\$ 181.64	\$ 90.82
Employee/Child(ren)	\$ 1,779.70	\$ 1,130.62	\$ 565.31	\$ 649.08	\$ 324.54
Employee/Spouse	\$ 2,077.04	\$ 1,322.98	\$ 661.49	\$ 754.06	\$ 377.03
Family	\$ 2,969.66	\$ 1,889.42	\$ 944.71	\$ 1,080.24	\$ 540.12
KAISER - HMO					
				KPF	
Individual	\$ 777.45	\$ 740.91	\$ 370.46	\$ 36.54	\$ 18.27
Employee/Child(ren)	\$ 1,376.24	\$ 1,033.78	\$ 516.89	\$ 342.46	\$ 171.23
Employee/Spouse	\$ 1,604.81	\$ 1,209.67	\$ 604.84	\$ 395.14	\$ 197.57
Family	\$ 2,296.04	\$ 1,727.62	\$ 863.81	\$ 568.42	\$ 284.21
DELTA DENTAL - CORE					
				DEL F	
Single	\$ 32.60	\$ 16.30	\$ 8.15	\$ 16.30	\$ 8.15
Double	\$ 61.36	\$ 30.68	\$ 15.34	\$ 30.68	\$ 15.34
Family	\$ 100.06	\$ 50.04	\$ 25.02	\$ 50.02	\$ 25.01
DELTA DENTAL - ENHANCED					
				DDEF	
Single	\$ 44.72	\$ 16.31	\$ 8.16	\$ 28.41	\$ 14.21
Double	\$ 84.44	\$ 30.68	\$ 15.34	\$ 53.76	\$ 26.88
Family	\$ 137.68	\$ 50.04	\$ 25.02	\$ 87.64	\$ 43.82
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

PRINCE WILLIAM COUNTY
FY 2027 HEALTH CARE COSTS
Retirees

Effective: July 1, 2026

	TOTAL MONTHLY PREMIUM
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ANTHEM - HEALTHKEEPERS - POS	
Individual	\$ 850.32
Employee/Child(ren)	\$ 1,505.20
Employee/Spouse	\$ 1,755.16
Family	\$ 2,511.08
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ANTHEM - PPO CORE	
Individual	\$ 900.40
Employee/Child(ren)	\$ 1,615.16
Employee/Spouse	\$ 1,889.98
Family	\$ 2,699.18
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ANTHEM - PPO ENHANCED	
Individual	\$ 992.00
Employee/Child(ren)	\$ 1,779.70
Employee/Spouse	\$ 2,077.04
Family	\$ 2,969.66
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KAISER - HMO	
Individual	\$ 777.45
Employee/Child(ren)	\$ 1,376.24
Employee/Spouse	\$ 1,604.81
Family	\$ 2,296.04
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DELTA DENTAL - CORE	
Single	\$ 32.60
Double	\$ 61.36
Family	\$ 100.06
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DELTA DENTAL - ENHANCED	
Single	\$ 44.72
Double	\$ 84.44
Family	\$ 137.68
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VSP - VISION PLAN	
EE Only	\$ 8.90
EE + Child	\$ 11.28
EE + Spouse	\$ 11.04
EE + Family	\$ 18.10
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