

**PRINCE WILLIAM COUNTY**  
**FY 2025 HEALTH CARE PREMIUMS**  
**Full Time Employees**

Effective: July 1, 2024

	<b>TOTAL PREMIUM</b>	<b>County Pays (Monthly)</b>	<b>County Pays (Bi-Weekly)</b>	<b>EMPLOYEE PAYS (Monthly)</b>	<b>EMPLOYEE PAYS (Bi-Weekly)</b>
<b>Anthem-HMO-POS</b>					
Individual	\$ 715.02	\$ 681.42	\$ 340.71	\$ 33.60	\$ 16.80
Employee/Child(ren)	\$ 1,265.68	\$ 950.72	\$ 475.36	\$ 314.96	\$ 157.48
Employee/Spouse	\$ 1,475.86	\$ 1,112.48	\$ 556.24	\$ 363.38	\$ 181.69
Family	\$ 2,111.52	\$ 1,588.78	\$ 794.39	\$ 522.74	\$ 261.37
<b>Anthem-PPO Core</b>					
Individual	\$ 757.12	\$ 681.42	\$ 340.71	\$ 75.70	\$ 37.85
Employee/Child(ren)	\$ 1,358.16	\$ 950.72	\$ 475.36	\$ 407.44	\$ 203.72
Employee/Spouse	\$ 1,589.24	\$ 1,112.48	\$ 556.24	\$ 476.76	\$ 238.38
Family	\$ 2,269.68	\$ 1,588.78	\$ 794.39	\$ 680.90	\$ 340.45
<b>Anthem-PPO Enhanced</b>					
Individual	\$ 834.14	\$ 681.42	\$ 340.71	\$ 152.72	\$ 76.36
Employee/Child(ren)	\$ 1,496.50	\$ 950.72	\$ 475.36	\$ 545.78	\$ 272.89
Employee/Spouse	\$ 1,746.54	\$ 1,112.48	\$ 556.24	\$ 634.06	\$ 317.03
Family	\$ 2,497.14	\$ 1,588.78	\$ 794.39	\$ 908.36	\$ 454.18
<b>KAISER-HMO</b>					
Individual	\$ 691.34	\$ 658.86	\$ 329.43	\$ 32.48	\$ 16.24
Employee/Child(ren)	\$ 1,223.82	\$ 919.26	\$ 459.63	\$ 304.56	\$ 152.28
Employee/Spouse	\$ 1,427.06	\$ 1,075.70	\$ 537.85	\$ 351.36	\$ 175.68
Family	\$ 2,041.74	\$ 1,536.26	\$ 768.13	\$ 505.48	\$ 252.74
<b>Delta Dental Core</b>					
Single	\$ 29.08	\$ 14.54	\$ 7.27	\$ 14.54	\$ 7.27
Double	\$ 54.80	\$ 27.40	\$ 13.70	\$ 27.40	\$ 13.70
Family	\$ 89.40	\$ 44.70	\$ 22.35	\$ 44.70	\$ 22.35
<b>Delta Dental Enhanced</b>					
Single	\$ 39.96	\$ 14.54	\$ 7.27	\$ 25.42	\$ 12.71
Double	\$ 75.44	\$ 27.40	\$ 13.70	\$ 48.04	\$ 24.02
Family	\$ 123.04	\$ 44.70	\$ 22.35	\$ 78.34	\$ 39.17
<b>VSP Vision Plan</b>					
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