

PRINCE WILLIAM COUNTY
FY 2025 HEALTH CARE PREMIUMS
Part Time Employees

Effective: July 1, 2024

	TOTAL PREMIUM	EMPLOYEE PAYS (Monthly)	EMPLOYEE PAYS (Bi-Weekly)
Anthem-HMO-POS			
Individual	\$ 715.02	\$ 715.02	\$ 357.51
Employee/Child(ren)	\$ 1,265.68	\$ 1,265.68	\$ 632.84
Employee/Spouse	\$ 1,475.86	\$ 1,475.86	\$ 737.93
Family	\$ 2,111.52	\$ 2,111.52	\$ 1,055.76
Anthem-PPO Core			
Individual	\$ 757.12	\$ 757.12	\$ 378.56
Employee/Child(ren)	\$ 1,358.16	\$ 1,358.16	\$ 679.08
Employee/Spouse	\$ 1,589.24	\$ 1,589.24	\$ 794.62
Family	\$ 2,269.68	\$ 2,269.68	\$ 1,134.84
Anthem-PPO Enhanced			
Individual	\$ 834.14	\$ 834.14	\$ 417.07
Employee/Child(ren)	\$ 1,496.50	\$ 1,496.50	\$ 748.25
Employee/Spouse	\$ 1,746.54	\$ 1,746.54	\$ 873.27
Family	\$ 2,497.14	\$ 2,497.14	\$ 1,248.57
KAISER-HMO			
Individual	\$ 691.34	\$ 691.34	\$ 345.67
Employee/Child(ren)	\$ 1,223.82	\$ 1,223.82	\$ 611.91
Employee/Spouse	\$ 1,427.06	\$ 1,427.06	\$ 713.53
Family	\$ 2,041.74	\$ 2,041.74	\$ 1,020.87
Delta Dental Core			
Single	\$ 29.08	\$ 29.08	\$ 14.54
Double	\$ 54.80	\$ 54.80	\$ 27.40
Family	\$ 89.40	\$ 89.40	\$ 44.70
Delta Dental Enhanced			
Single	\$ 39.96	\$ 39.96	\$ 19.98
Double	\$ 75.44	\$ 75.44	\$ 37.72
Family	\$ 123.04	\$ 123.04	\$ 61.52
VSP Vision Plan			
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