

# Medical Premiums

## Goochland County Health Insurance Rates Effective 7/1/2025 - 6/30/2026

### The Local Choice

	TOTAL MONTHLY PREMIUM	EMPLOYER MONTHLY SHARE	EMPLOYEE MONTHLY SHARE	EMPLOYEE SEMI-MONTHLY SHARE
<b>Key Advantage 250 (with Comprehensive Dental)</b>				
Employee	\$900	\$756	\$144	\$72.00
Employee + 1	\$1,665	\$1,233	\$432	\$216.00
Employee + Family	\$2,431	\$1,671	\$760	\$380.00
* Two County Employee (Empl/Spouse)	\$1,665	\$1,553	\$112	\$56.00
** Two County Employee (Family)	\$2,431	\$2,071	\$360	\$180.00
<b>Key Advantage 500 (with Comprehensive Dental)</b>				
Employee	\$807	\$757	\$50	\$25.00
Employee + 1	\$1,494	\$1,216	\$278	\$139.00
Employee + Family	\$2,180	\$1,652	\$528	\$264.00
* Two County Employee (Empl/Spouse)	\$1,494	\$1,437	\$57	\$28.50
** Two County Employee (Family)	\$2,180	\$2,046	\$134	\$67.00
<b>High Deductible Health Plan (with Comprehensive Dental)</b>				
Employee	\$656	\$648	\$8	\$1.00
Employee + 1	\$1,213	\$1,079	\$134	\$67.00
Employee + Family	\$1,773	\$1,505	\$268	\$134.00
* Two County Employee (Empl/Spouse)	\$1,213	\$1,207	\$6	\$3.00
** Two County Employee (Family)	\$1,773	\$1,733	\$40	\$20.00
<b>Key Advantage 250 (with Preventive Dental)</b>				
Employee	\$879	\$754	\$125	\$62.50
Employee + 1	\$1,627	\$1,222	\$405	\$202.50
Employee + Family	\$2,375	\$1,668	\$707	\$353.50
* Two County Employee (Empl/Spouse)	\$1,627	\$1,517	\$110	\$55.00
** Two County Employee (Family)	\$2,375	\$2,068	\$307	\$153.50
<b>Key Advantage 500 (with Preventive Dental)</b>				
Employee	\$787	\$755	\$32	\$16.00
Employee + 1	\$1,445	\$1,203	\$242	\$121.00
Employee + Family	\$2,125	\$1,644	\$481	\$240.50
* Two County Employee (Empl/Spouse)	\$1,445	\$1,402	\$43	\$21.50
** Two County Employee (Family)	\$2,125	\$2,042	\$83	\$41.50
<b>High Deductible Health Plan (with Preventive Dental)</b>				
Employee	\$636	\$636	\$0	\$0.00
Employee + 1	\$1,175	\$1,073	\$102	\$51.00
Employee + Family	\$1,716	\$1,494	\$222	\$111.00
* Two County Employee (Empl/Spouse)	\$1,175	\$1,175	\$0	\$0.00
** Two County Employee (Family)	\$1,716	\$1,696	\$20	\$10.00

\* Reflects up to a \$300 monthly discounted rate for Employee + 1 coverage when both spouses work for the County and one of them carries the policy.

\*\*Reflects up to a \$400 monthly discounted rate for Family coverage when both spouses work for the County and one of them carries the policy.

Note: For employees choosing a High Deductible Health Plan, the County will contribute to a Health Savings Account in the amount of \$150 per month for all plan tiers.