

# COUNTY OF FLUVANNA

FY27 Health Care Contribution Schedule  
 Medical, Dental and Vision Plans  
 July 1, 2026 - June 30, 2027

TLC/Anthem MEDICAL PLAN	MONTHLY PREMIUM TOTAL	COUNTY PAYS MONTHLY	EMPLOYEE PAYS MONTHLY	EMPLOYEE Bi- Weekly Deductions (24)	County Contribution toward Health Savings Account per month (Paid Quarterly)
<b>EMPLOYEE ONLY</b>					
PREVENTATIVE DENTAL					
<i>TLC - HDHP</i>	\$807.00	\$801.00	\$6.00	\$3.00	\$50.00
<i>KA - 1000</i>	\$958.00	\$903.00	\$55.00	\$27.50	N/A
<i>KA - 500</i>	\$999.00	\$906.00	\$93.00	\$46.50	N/A
COMPREHENSIVE DENTAL					
<i>TLC - HDHP</i>	\$827.00	\$815.00	\$12.00	\$6.00	\$50.00
<i>KA - 1000</i>	\$978.00	\$901.00	\$77.00	\$38.50	N/A
<i>KA - 500</i>	\$1,019.00	\$903.00	\$116.00	\$58.00	N/A
<b>DUAL (Employee + Spouse or Employee + Child)</b>					
PREVENTATIVE DENTAL					
<i>TLC - HDHP</i>	\$1,495.00	\$1,360.00	\$135.00	\$67.50	\$50.00
<i>KA - 1000</i>	\$1,773.00	\$1,426.00	\$347.00	\$173.50	N/A
<i>KA - 500</i>	\$1,848.00	\$1,431.00	\$417.00	\$208.50	N/A
COMPREHENSIVE DENTAL					
<i>TLC - HDHP</i>	\$1,532.00	\$1,354.00	\$178.00	\$89.00	\$50.00
<i>KA - 1000</i>	\$1,810.00	\$1,422.00	\$388.00	\$194.00	N/A
<i>KA - 500</i>	\$1,885.00	\$1,426.00	\$459.00	\$229.50	N/A
<b>FAMILY (Employee + Spouse + Child(ren) or Employee + Children)</b>					
PREVENTATIVE DENTAL					
<i>TLC - HDHP</i>	\$2,180.00	\$1,949.00	\$231.00	\$115.50	\$50.00
<i>KA - 1000</i>	\$2,588.00	\$2,020.00	\$568.00	\$284.00	N/A
<i>KA - 500</i>	\$2,696.00	\$2,025.00	\$671.00	\$335.50	N/A
COMPREHENSIVE DENTAL					
<i>TLC - HDHP</i>	\$2,234.00	\$1,940.00	\$294.00	\$147.00	\$50.00
<i>KA - 1000</i>	\$2,642.00	\$2,013.00	\$629.00	\$314.50	N/A
<i>KA - 500</i>	\$2,750.00	\$2,018.00	\$732.00	\$366.00	N/A