

Health Insurance**FY 2025-2026**

		<u>County</u>	<u>Per Pay Period</u> <u>Employee</u>	<u>Plan Cost</u>	<u>County</u>	<u>Monthly</u> <u>Employee</u>
Single		\$318.00	\$79.50	795.00	\$636.00	\$159.00
2-Person		\$591.36/\$591.37	\$147.84	1,478.41	\$1,182.73	\$295.68
Family		\$938.47/\$938.48	\$234.61	2,346.17	\$1,876.95	\$469.22

The County will pay 80% of a single, 2-person or family plan.

Dental Insurance**1/1/2025**

		<u>County</u>	<u>Per Pay Period</u> <u>Employee</u>	<u>Plan Cost</u>	<u>County</u>	<u>Monthly</u> <u>Employee</u>
Single		\$20.64	\$0.00	\$41.28	\$41.28	\$0.00
2-Person		\$20.64	\$20.43	\$82.14	\$41.28	\$40.86
Family		\$20.64	\$43.25	\$127.78	\$41.28	\$86.50

**The County will pay 100% of the employee dental policy only.