

Health Insurance

FY 2024-2025

	<u>Plan Cost</u>	<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	\$361.45	\$289.16	\$72.29	\$722.90	\$578.32	\$144.58
2-Person	\$671.88	\$537.50	\$134.38	\$1,343.76	\$1,075.00	\$268.76
Family	\$1,066.55	\$853.24	\$213.31	\$2,133.10	\$1,706.48	\$426.62

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

Dental Insurance

1/1/2024

	<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.