

Health Insurance

Per Pay Period			FY 2020-2021			
	Plan Cost	County	Employee	Monthly Plan Cost	County	Employee
Single	\$297.24	\$252.66	\$44.58	\$594.48	\$505.32	\$89.16
2-Person	\$557.59	\$473.95	\$83.64	\$1,115.18	\$947.90	\$167.28
Family	\$886.44	\$753.48	\$132.96	\$1,772.88	\$1,506.96	\$265.92

The County will pay 85% of a single, 2-person or family plan.
3.0% increase in health.

Dental Insurance

Per Pay Period			1/1/2020			
	County	Employee	Monthly Plan Cost	County	Employee	
Single	\$19.73/\$19.73	\$0.00	\$39.46	\$39.46	\$0.00	
2-Person	\$19.73/\$19.73	\$19.55/\$19.55	\$78.56	\$39.46	\$39.10	
Family	\$19.73/\$19.73	\$41.37/\$41.37	\$122.20	\$39.46	\$82.74	

**The County will pay 100% of the employee dental policy only.
11/26/19 approved by the BOS