

2025 HealthCare Plans (per pay / 24 pays per year)

MEDICAL PREMIUM COPAY	COUNTY BENEFIT CREDIT	EMPLOYEE
SINGLE	\$366.56	\$44.03
EE + SPOUSE	\$768.94	\$135.60
EE + CHILD(REN)	\$628.15	\$109.68
FAMILY	\$1,034.80	\$196.98

MEDICAL BASIC COPAY (New for 2025)	COUNTY BENEFIT CREDIT	EMPLOYEE
SINGLE	\$381.84	\$10.00
EE + SPOUSE	\$747.95	\$115.26
EE + CHILD(REN)	\$610.90	\$93.23
FAMILY	\$1,008.08	\$167.43

MEDICAL HDP / HSA	COUNTY BENEFIT CREDIT	EMPLOYEE	COUNTY HSA CONTRIBUTION
SINGLE	\$382.35	\$30.00	\$25.00
EE + SPOUSE	\$809.44	\$98.96	\$50.00
EE + CHILD(REN)	\$661.85	\$79.14	\$50.00
FAMILY	\$1,095.47	\$141.57	\$50.00

DENTAL	Basic Plan	Premium Plan
SINGLE	\$13.78	\$16.04
EE + SPOUSE	\$37.80	\$44.00
EE + CHILD(REN)	\$34.80	\$40.49
FAMILY	\$42.20	\$49.15

VISION	
SINGLE	\$2.80
EE + SPOUSE	\$5.88
EE + CHILD(REN)	\$6.73
FAMILY	\$8.07

Medical Plan Spousal Surcharge:
\$50 per pay extra for spousal coverage if the spouse has medical available through their own employer.

Tobacco User Rates: \$25.00 upcharge per pay (in addition to selected plan rate)

County Paid Life & AD&D Insurance Amount: \$25,000 (no cost to employee)

*Employee, Spouse and Child voluntary life coverage available.
 *FSA Healthcare and FSA Dependent Care accounts available.
 *Supplemental Benefits available for employees who work 20 hours or more per week.