2026 HealthCare Plans *(per pay / 24 pays per year)*

MEDICAL PREMIUM COPAY	COUNTY BENEFIT CREDIT	EMPLOYEE
SINGLE	$364.61	$45.35
EE + SPOUSE	$763.49	$139.67
EE + CHILD(REN)	$623.74	$112.97
FAMILY	$1,027.00	$202.89

MEDICAL BASIC COPAY	COUNTY BENEFIT CREDIT	EMPLOYEE
SINGLE	$380.95	$10.30
EE + SPOUSE	$743.18	$118.72
EE + CHILD(REN)	$607.02	$96.03
FAMILY	$1,001.24	$172.47

MEDICAL HDP / HSA	COUNTY BENEFIT CREDIT	EMPLOYEE	COUNTY HSA CONTRIBUTION
SINGLE	$380.81	$30.90	$25.00
EE + SPOUSE	$805.08	$101.93	$50.00
EE + CHILD(REN)	$658.33	$81.52	$50.00
FAMILY	$1089.32	$145.83	$50.00

DENTAL	Basic Plan	Premium Plan
SINGLE	$14.75	$17.18
EE + SPOUSE	$40.45	$47.08
EE + CHILD(REN)	$37.24	$43.33
FAMILY	$45.16	$52.59

VISION	
SINGLE	$2.53
EE + SPOUSE	$5.31
EE + CHILD(REN)	$6.08
FAMILY	$7.29

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 Insurance; Amount $25,000: $0.09 per $1,000 (= $2.26 PEPM)
County Paid LTD Insurance: $0.130 per $100 (X annual base salary)