2027 HealthCare Plans *(per pay / 24 pays per year)*

MEDICAL 3000 COPAY PLAN	COUNTY BENEFIT CREDIT	EMPLOYEE
SINGLE	$392.89	$46.49
EE + SPOUSE	$824.77	$143.16
EE + CHILD(REN)	$673.78	$115.80
FAMILY	$1,110.18	$207.96

MEDICAL 5000 COPAY PLAN	COUNTY BENEFIT CREDIT	EMPLOYEE
SINGLE	$408.59	$10.56
EE + SPOUSE	$801.70	$121.69
EE + CHILD(REN)	$654.81	$98.43
FAMILY	$1,080.71	$176.77

MEDICAL HDP / HSA	COUNTY BENEFIT CREDIT	EMPLOYEE	COUNTY HSA CONTRIBUTION
SINGLE	$425.48	$31.68	$25.00
EE + SPOUSE	$902.62	$104.48	$50.00
EE + CHILD(REN)	$737.94	$83.55	$50.00
FAMILY	$1,221.98	$149.47	$50.00

DENTAL	Basic Plan	Premium Plan
SINGLE	$15.20	$17.68
EE + SPOUSE	$41.66	$48.50
EE + CHILD(REN)	$38.36	$44.64
FAMILY	$46.52	$54.18

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

Medical Plan Spousal Surcharge:
$125 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)