

2024 HealthCare Plans (per pay / 24 pays per year)

MEDICAL COPAY	COUNTY BENEFIT CREDIT	EMPLOYEE (Before PCP Credit)
SINGLE	\$327.73	\$44.03
EE + SPOUSE	\$642.38	\$135.60
EE + CHILD(REN)	\$535.61	\$109.68
FAMILY	\$1,020.35	\$196.98

MEDICAL HDP / HSA	COUNTY BENEFIT CREDIT	EMPLOYEE (Before PCP Credit)	COUNTY HSA CONTRIB.
SINGLE	\$265.64	\$30.00	\$25.00
EE + SPOUSE	\$519.51	\$98.96	\$50.00
EE + CHILD(REN)	\$432.91	\$79.14	\$50.00
FAMILY	\$825.00	\$141.57	\$50.00

DENTAL	Basic Plan	Premium Plan
SINGLE	\$13.00	\$15.13
EE + SPOUSE	\$35.66	\$41.51
EE + CHILD(REN)	\$32.83	\$38.20
FAMILY	\$39.81	\$46.37

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

Spousal Surcharge: \$50 per pay (in addition to selected plan rate) for employees electing spousal coverage through the county when the spouse has coverage available through their own employer.

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

HSA County Contribution Per Pay: Employee Only: \$25; w/Dependent Coverage: \$50

County Paid Life Insurance; Amount \$25,000: \$0.13 per \$1,000 (= \$3.25 per employee).

County Paid LTD Insurance: \$0.137 per \$100 (X annual base salary)