

**7-1-2024 to 6-30-2025**

**Regular PPO Health Plan**

Employee Only	Employee Portion	County Portion
\$1,069.86	\$0	\$1,069.86/month \$534.93/pp

Employee/Spouse	Employee Portion	County Portion
\$2,138.14	\$427.63/month \$213.82/1st pp \$213.81/2nd pp	\$1,710.51/month \$855.26/1st pp \$855.25/2nd pp

Employee/Child	Employee Portion	County Portion
\$2,034.35	\$406.87/month \$203.44/1st pp \$203.43/2nd pp	\$1,627.48/month \$813.74/pp

Family	Employee Portion	County Portion
\$2,823.26	\$564.65/month \$282.33/1st pp \$282.32/2nd pp	\$2,258.61/month \$1,129.31/1st pp \$1,129.30/2nd pp

**High Deductible Health Plan**

Employee Only	Employee Portion	County portion
\$937.02	\$0	\$937.02/month \$468.51/pp

Employee/Spouse	Employee Portion	County portion
\$1,874.47	\$163.96/month \$81.98/pp	\$1,710.51/month \$855.26/1st pp \$855.25/2nd pp

Employee/Child	Employee Portion	County portion
\$1,764.70	\$137.22/month \$68.61/pp	\$1,627.48/month \$813.74/pp

Family	Employee Portion	County portion
\$2,597.51	\$338.90/month \$169.45/pp	\$2,258.61/month \$1,129.31/1st pp \$1,129.30/2nd pp

\*Employee only plan-County contributes \$132.84/month. \$66.42/pp

**7-1-2024 to 6-30-2025**

**Avesis Vision Insurance**

	Monthly	Per Paycheck
Employee	\$14.49	\$7.25
Employee + Spouse	\$27.90	\$13.95
Employee + Child(ren)	\$30.55	\$15.28
Family	\$39.49	\$19.75

**7-1-2024 to 6-30-2025**

**Wellmark Dental Insurance**

	Monthly	Per Paycheck
Employee	\$27.28	\$13.64
Employee + Spouse	\$55.40	\$27.70
Employee + Child(ren)	\$52.34	\$26.17
Family	\$91.28	\$45.64