



*Contributions have been rounded to the nearest even cent to allow for equal employee contributions semimonthly

** Represented rates were bargained and the County Board approved matching rates for non-represented staff

Full Time Rates		Medical - BCBS Plans			
		Preferred Plan	Broad Plan	High Deductible Plan	
Enrollment Tier	2024 Monthly Premium Split Employee Contribution / County Contribution	2024 Monthly Premium Split Employee Contribution / County Contribution	2024 Monthly Premium Split Employee Contribution / County Contribution	2024 Monthly Premium Split Employee Contribution / County Contribution	2024 Health Saving Acct County Contribution /Month
Single	5% / 95%	\$48.78 / \$926.81	\$44.08 / \$837.59	\$37.72 / \$716.78	\$60
Employee + Spouse	18% / 82%	\$368.78 / \$1,679.97	\$333.28 / \$1,518.23	\$285.30 / \$1,299.70	\$125
Employee + Child(ren)	18% / 82%	\$386.34 / \$1,759.97	\$349.14 / \$1,590.53	\$298.90 / \$1,361.60	\$125
Family	17% / 83%	\$547.32 / \$2,672.14	\$494.62 / \$2,414.89	\$423.38 / \$2,067.12	\$125

Full Time Rates		Dental - MetLife Plans	
		Select Plan	Open Plan
Enrollment Tier	2024 Monthly Premium Split Employee Contribution / County Contribution	2024 Monthly Premium Split Employee Contribution / County Contribution	2024 Monthly Premium Split Employee Contribution / County Contribution
Single	50% / 50%	\$20.64 / \$20.64	\$18.78 / \$18.79
Employee + Spouse	50% / 50%	\$33.38 / \$33.38	\$30.50 / \$30.50
Employee + Child(ren)	50% / 50%	\$36.86 / \$36.86	\$33.42 / \$33.44
Family	45% / 55%	\$55.30 / \$67.60	\$50.44 / \$61.65

Full Time Rates		Vision - VSP Plan
Enrollment Tier	Advantage Plan Employee Pays 100%	
Single	\$5.84	
Employee + Spouse	\$11.70	
Employee + Child(ren)	\$12.50	
Family	\$20.00	