



\*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

Part 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 Health Saving Acct County Contribution /Month
Single	\$354.62 / \$620.97	\$320.48 / \$561.19	\$274.26 / \$480.24	\$60
Employee + Spouse	\$923.14 / \$1,125.61	\$834.30 / \$1,017.21	\$714.20 / \$870.80	\$125
Employee + Child(ren)	\$967.12 / \$1,179.19	\$874.02 / \$1,065.65	\$748.23 / \$912.27	\$125
Family	\$1,429.12 / \$1,790.34	\$1,291.52 / \$1,617.99	\$1,105.53 / \$1,384.97	\$125

Part 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	
Single	\$27.44 / \$13.84	\$25.00 / \$12.57	
Employee + Spouse	\$44.40 / \$22.36	\$40.56 / \$20.44	
Employee + Child(ren)	\$49.02 / \$24.70	\$44.46 / \$22.40	
Family	\$77.60 / \$45.30	\$70.78 / \$41.31	

Part 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