

Health Insurance

FY 2018-2019

Per Pay Period			Monthly			
	<u>Plan Cost</u>	<u>County</u>	<u>Employee</u>	<u>Plan Cost</u>	<u>County</u>	<u>Employee</u>
Single	278.36	236.61	41.75	556.72	473.21	83.51
2-Person	521.85	443.57	78.28	1,043.70	887.15	156.56
Family	829.55	705.11	124.43	1,659.09	1,410.23	248.86

The County will pay 85% of a single, 2-person or family plan.
No increase in health.

Dental Insurance

1/1/2018

Per Pay Period			Monthly			
		<u>County</u>	<u>Employee</u>	<u>Plan Cost</u>	<u>County</u>	<u>Employee</u>
Single		16.41/16.42	\$0.00	\$32.83	\$32.83	\$0.00
2-Person		16.41/16.42	16.46/16.45	\$65.74	\$32.83	\$32.91
Family		16.41/16.42	36.31/36.30	\$105.44	\$32.83	\$72.61

**The County will pay 100% of the employee dental policy only.