

HEALTH INSURANCE RATES

January 1, 2025 to December 31, 2025

	Employee Deduction Per Pay Period	Employee Total Monthly Premium	County Paid Portion (monthly)	Total Monthly Premium
Employee	\$81.06	\$162.12	\$995.88	\$1,158.00
Employee + Spouse	\$233.56	\$467.12	\$1,065.88	\$1,533.00
Employee + Children	\$190.56	\$381.12	\$1,065.88	\$1,447.00
Family	\$718.06	\$1,436.12	\$1,065.88	\$2,502.00

General County – Non-Bargaining