

# 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	\$86.85	\$173.70	\$984.30	\$1,158.00
Employee + Spouse	\$114.98	\$229.95	\$1,303.05	\$1,533.00
Employee + Children	\$108.53	\$217.05	\$1,229.95	\$1,447.00
Family	\$187.65	\$375.30	\$2,126.70	\$2,502.00

Regional Planning Commission – Director