

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	\$65.00	\$130.00	\$1,028.00	\$1,158.00
Employee + Spouse	\$217.50	\$435.00	\$1,098.00	\$1,533.00
Employee + Children	\$174.50	\$349.00	\$1,098.00	\$1,447.00
Family	\$702.00	\$1,404.00	\$1,098.00	\$2,502.00

Regional Planning Commission – Non-Bargaining