

**2025**  
**Employee Health Insurance Premium**  
**With Health Risk Assessment Completed (HRA) by Employee**

<b>Class</b>	<b>Employee Monthly</b>	<b>County Monthly</b>	<b>Total</b>	<b>Employee Bi-Monthly</b>
<b>Employee Only</b>	195.00	540.00	735.00	97.50
<b>Employee + Spouse</b>	445.00	701.00	1146.00	222.50
<b>Employee + Child</b>	430.00	906.00	1336.00	215.00
<b>Employee + Family</b>	545.00	1115.00	1660.00	272.50

**2025**  
**Employee Health Insurance Premium**  
**Without Health Risk Assessment by Employee**

<b>Class</b>	<b>Employee Monthly</b>	<b>County Monthly</b>	<b>Total</b>	<b>Employee Bi-Monthly</b>
<b>Employee Only</b>	295.00	440.00	735.00	147.50
<b>Employee + Spouse</b>	545.00	601.00	1146.00	272.50
<b>Employee + Child</b>	530.00	806.00	1336.00	265.00
<b>Employee + Family</b>	645.00	1015.00	1660.00	322.50

**2025 Dental Insurance**

<b>Low Plan</b>	<b>Employee Monthly</b>	<b>High Plan</b>	<b>Employee Monthly</b>
<b>Employee Only</b> DEL	\$18.96/ <b>9.48 Bi-M</b>	<b>Employee Only</b> DEH	\$38.04/ <b>19.02 Bi-M</b>
<b>Employee + Family</b> DFL	\$52.98/ <b>26.49 Bi-M</b>	<b>Employee + Family</b> DFH	\$100.97/ <b>50.49 Bi-M</b>

**2025 Vision Insurance**

<b>Employee Only</b> <b>VIE</b>	Monthly	\$5.88	<b>Bi-Monthly</b>	2.94
<b>Employee + Family</b> <b>VIF</b>	Monthly	\$13.56	<b>Bi-Monthly</b>	6.78