

## **RETIREE INSURANCE**

**2025**

### **Retiree Health Insurance Premium**

#### **With Health Risk Assessment Completed (HRA) by Retiree**

<b>Class</b>	<b>Retiree Premium Monthly (with 8 or more years)</b>	<b>Retiree Premium Monthly (with less than 8 years of service)</b>	<b>Dependent Only (if Retiree is 65 and no longer on Boon Chapman)</b>
<b>Retiree Only</b>	328.00	561.00	Unavailable
<b>Retiree + Spouse</b>	640.00	873.00	565.00
<b>Retiree + Child</b>	625.00	858.00	550.00
<b>Retiree + Family</b>	740.00	973.00	665.00

Note: County pays \$233.00 (41.53%) toward Retiree only 8+ years and does not contribute to Dep. coverage.

**2025**

### **Retiree Health Insurance Premium**

#### **Without Health Risk Assessment Completed by Retiree**

<b>Class</b>	<b>Retiree Monthly Premium (with 8 or more years service)</b>	<b>Retiree Premium Monthly (with less than 8 years of service)</b>	<b>Dependent Only (if Retiree is 65 and no longer on Boon Chapman)</b>
<b>Retiree Only</b>	428.00	661.00	Unavailable
<b>Retiree + Spouse</b>	740.00	973.00	565.00
<b>Retiree + Child</b>	725.00	958.00	550.00
<b>Retiree + Family</b>	840.00	1073.00	665.00

### **2025 Dental Insurance**

<b>Low Plan</b>	<b>Retiree Monthly</b>	<b>High Plan</b>	<b>Retiree Monthly</b>
<b>Retiree Only</b>	\$18.96	<b>Retiree Only</b>	\$38.04
<b>Retiree + Family</b>	\$52.98	<b>Retiree + Family</b>	\$100.97

### **2025 Vision Insurance**

<b>Retiree Only</b>	Monthly	\$5.88		
<b>Retiree + Family</b>	Monthly	\$13.56		