## 2024 Biweekly Premium Rates: Active Employees

| Medical Premiums | Biweekly County |  | Biweekly Employee |  | Cost Share Percentage |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Without Wellness | With Wellness | Without Wellness | With Wellness | County | Employee |
| ANTHEM HSA PLAN |  |  |  |  |  |  |
| Employee | \$288.42 | \$298.42 | \$72.10 | \$62.10 | 80\% | 20\% |
| Employee + 1 | \$551.31 | \$561.31 | \$137.83 | \$127.83 | 80\% | 20\% |
| Family | \$718.74 | \$728.74 | \$179.68 | \$169.68 | 80\% | 20\% |
| ANTHEM POS PLAN |  |  |  |  |  |  |
| Employee | \$345.12 | \$355.12 | \$115.04 | \$105.04 | 75\% | 25\% |
| Employee + 1 | \$636.97 | \$646.97 | \$212.32 | \$202.32 | 75\% | 25\% |
| Family | \$864.31 | \$874.31 | \$288.10 | \$278.10 | 75\% | 25\% |
| ANTHEM HMO PLAN |  |  |  |  |  |  |
| Employee | \$323.14 | \$333.14 | \$80.79 | \$70.79 | 80\% | 20\% |
| Employee + 1 | \$596.40 | \$606.40 | \$149.10 | \$139.10 | 80\% | 20\% |
| Family | \$809.26 | \$819.26 | \$202.32 | \$192.32 | 80\% | 20\% |
| KAISER HMO PLAN |  |  |  |  |  |  |
| Employee | \$270.62 | \$280.62 | \$67.66 | \$57.66 | 80\% | 20\% |
| Employee + 1 | \$517.33 | \$527.33 | \$129.33 | \$119.33 | 80\% | 20\% |
| Family | \$674.42 | \$684.42 | \$168.61 | \$158.61 | 80\% | 20\% |

Biweekly medical premiums will be $\$ 10$ lower if the wellness credit is earned, and $\$ 25$ higher if you must pay the tobacco surcharge.

| Dental Premiums | Biweekly County | Biweekly Employee | Cost Share Percentage |  |
| :---: | :---: | :---: | :---: | :---: |
|  |  |  | County | Employee |
| AETNA DENTAL HMO PLAN |  |  |  |  |
| Employee | \$6.62 | \$2.21 | 75\% | 25\% |
| Employee + 1 | \$12.92 | \$4.30 | 75\% | 25\% |
| Family | \$21.19 | \$7.06 | 75\% | 25\% |
| AETNA DENTAL PPO PLAN |  |  |  |  |
| Employee | \$13.28 | \$4.42 | 75\% | 25\% |
| Employee + 1 | \$27.22 | \$9.07 | 75\% | 25\% |
| Family | \$35.69 | \$11.89 | 75\% | 25\% |
| Vision Premiums | Biweekly County | Biweekly Employee | Cost Share Percentage |  |
|  |  |  | County | Employee |
| EYEMED VISION PPO PLAN |  |  |  |  |
| Employee | \$1.89 | \$1.36 | 58\% | 42\% |
| Employee + 1 | \$3.86 | \$2.80 | 58\% | 42\% |
| Family | \$5.07 | \$3.67 | 58\% | 42\% |

## 2024 Biweekly Premium Rates: Active Employees

| Life Insurance Premiums | Biweekly County | Biweekly Employee | Cost Share Percentage |  |
| :---: | :---: | :---: | :---: | :---: |
|  |  |  | County | Employee |
| Life B \& AD\&D (50K) | \$2.36 | \$0.79 | 75\% | 25\% |
| Life D (10K) | \$2.74 | \$0.92 | 75\% | 25\% |


| Supplemental Life Insurance Premiums | Benefit Amount | Total Biweekly Premium (100\% Employee-Paid) |
| :---: | :---: | :---: |
| Employee Optional Supplemental Term Life | \$25,000 | \$3.75 |
|  | \$50,000 | \$7.50 |
|  | \$75,000 | \$11.25 |
|  | \$100,000 | \$15.00 |
|  | \$125,000 | \$18.75 |
|  | \$150,000 | \$22.50 |
|  | \$175,000 | \$26.25 |
|  | \$200,000 | \$30.00 |
|  | \$225,000 | \$33.75 |
|  | \$250,000 | \$37.50 |
|  | \$275,000 | \$41.25 |
|  | \$300,000 | \$45.00 |

