

FULL TIME

2024 Benefit Rates
 24 Pay Period Deduction
 CONFIDENTIAL UNIT
 Effective 1/1/2024

	100% COST OF PLAN	87.5% COST TO COUNTY	12.5% COST TO EMPLOYEE
	MEDICAL -BLUE SHIELD	MEDICAL-BLUE SHIELD	MEDICAL-BLUE SHIELD
SINGLE	\$ 403.00	\$ 352.63	\$ 50.37
TWO	\$ 846.00	\$ 740.25	\$ 105.75
FAMILY	\$ 1,208.50	\$ 1,057.44	\$ 151.06
	DENTAL BASIC-DELTA DENTAL	DENTAL BASIC-DELTA DENTAL	DENTAL BASIC-DELTA DENTAL
SINGLE	\$ 17.95	\$ 15.71	\$ 2.24
TWO	\$ 35.35	\$ 30.93	\$ 4.42
FAMILY	\$ 56.20	\$ 49.18	\$ 7.02
	DENTAL UPGRADE-DELTA DENTAL	DENTAL UPGRADE	DENTAL UPGRADE
SINGLE	\$ 8.75	\$-	\$ 8.75
TWO	\$ 17.20	\$-	\$ 17.20
FAMILY	\$ 27.60	\$-	\$ 27.60
	BASIC VISION-VSP	BASIC VISION-VSP	BASIC VISION-VSP
SINGLE	\$ 8.64	\$ 7.56	\$ 1.08
TWO	\$ 8.64	\$ 7.56	\$ 1.08
FAMILY	\$ 8.64	\$ 7.56	\$ 1.08
	VISION UPGRADE	VISION UPGRADE	VISION UPGRADE
SINGLE	\$ 2.75	\$-	\$ 2.75
TWO	\$ 2.75	\$-	\$ 2.75
FAMILY	\$ 2.75	\$-	\$ 2.75

Listed below is the CASH that would be paid to you for declining the medical insurance plan offered. If you are declining medical insurance, you will be required to show proof of other coverage. If you choose to participate in some of the plans but receive cash for declining others, the County will continue to pay the 87.5% cost and you will pay the 12.5% remainder of those plans.

Decline vision plan only.	\$4.80
Decline dental plan only.	\$8.74
Decline dental & vision plans only.	\$20.00
Decline medical plan only.	\$233.04
Decline medical & vision plans only.	\$237.84
Decline medical & dental plans only.	\$241.78
Decline medical, dental & vision plans.	\$253.04