## 2025 Plan Year Benefit Pricing GENERAL FUND

Medical/Rx Plan  Wellness Rate							
Employee Only	\$854.40	\$726.24	\$128.16	\$64.08			
Employee + 1 Dependent	\$1,703.68	\$1,448.14	\$255.54	\$127.77			
Family (Employee + 2 or More Dependents)	\$2,513.76	\$2,136.70	\$377.06	\$188.53			

<sup>\*</sup>Those who qualified for the wellness rate for 2025 will receive these preferred rates to recognize their (and/or their spouse's) participation.

Non-Wellness rates are on the reverse side of this rate sheet.

Dental Plan							
	Total Monthly Premium	Monthly Employer Share	Monthly Employee Share	Bi-Weekly Employee Share			
Employee Only	\$25.70	\$20.98	\$4.72	\$2.36			
Employee + 1 Dependent	\$51.16	\$41.78	\$9.38	\$4.69			
Family (Employee + 2 or More Dependents)	\$83.69	\$68.35	\$15.34	\$7.67			

Vision Plan							
	Total Monthly Premium	Monthly Employer Share	Monthly Employee Share	Bi-Weekly Employee Share			
Employee Only	\$6.38	\$5.22	\$1.16	\$0.58			
Employee + One Dependent	\$9.74	\$7.96	\$1.78	\$0.89			
Family (Employee + 2 or More Dependents)	\$17.46	\$14.28	\$3.18	\$1.59			

Wellness medical rates are preferred employee rates provided to those employees and covered spouses who complete the wellness criteria (an annual preventative exam physical) within the established timeframe and by the deadline. For the Plan Year 2026, completion deadline is June 30, 2025.

Premiums listed are for General Fund and Non-General Fund employees with the exception of those under Boards or Appointing Authorities who have implemented different plans or cost share. Those offices are responsible for communicating their plans and/or rates.

All premiums and cost share calculations are subject to change each year at plan renewal. The calculation for wellness and non-wellness medical cost share may change with different calculations, the non-wellness cost share may increase at a greater rate.

Employee cost share is a preferred calculation of 15% of the total premium, the county pays 85% of the cost.