

Full-time rates

Monthly Premiums for medical insurance are split and deducted from the first two paychecks of the month.

County and employee contributions for 2025 costs listed below are projected and are subject to change pending board approval.

	Total Rate	County Contribution	Employee Rate
BCBS Preferred Plan			
Single Employee	\$1,062.42	\$ 1,009.30	\$ 53.12
Employee + Spouse	\$ 2,231.09	\$ 1,829.49	\$ 401.60
Employee + Child(ren)	\$ 2,337.33	\$ 1,916.61	\$ 420.72
Family	\$ 3,505.99	\$ 2,909.97	\$ 596.02

BCBS Broad Plan			
Single Employee	\$ 960.14	\$ 912.13	\$ 48.01
Employee + Spouse	\$ 2,016.29	\$ 1,653.36	\$ 362.93
Employee + Child(ren)	\$ 2,112.30	\$ 1,732.09	\$ 380.21
Family	\$ 3,168.46	\$ 2,629.82	\$ 538.64

BCBS High Deductible Health Plan			
Single Employee	\$ 821.65	\$ 780.57 + \$60 HSA	\$ 41.08
Employee + Spouse	\$ 1,726.07	\$ 1,415.37 + \$125 HSA	\$ 310.69
Employee + Child(ren)	\$ 1,808.28	\$ 1,482.79 + \$125 HSA	\$ 325.49
Family	\$ 2,712.15	\$ 2,251.09 + \$125 HSA	\$ 461.07

Part-time rates

	Total Rate	County Contribution	Employee Rate
<i>BCBS Preferred Plan</i>			
Single Employee	\$ 1,062.42	\$ 676.23	\$ 386.19
Employee + Spouse	\$ 2,231.09	\$ 1,225.76	\$ 1,005.33
Employee + Child(ren)	\$ 2,337.33	\$ 1,284.13	\$ 1,053.20
Family	\$ 3,505.99	\$ 1,949.68	\$ 1,556.31

<i>BCBS Broad Plan</i>			
Single Employee	\$ 960.14	\$ 611.13	\$ 349.01
Employee + Spouse	\$ 2,016.29	\$ 1,107.75	\$ 908.54
Employee + Child(ren)	\$ 2,112.30	\$ 1,160.50	\$ 951.80
Family	\$ 3,168.46	\$ 1,761.98	\$ 1,406.48

<i>BCBS High Deductible Health Plan</i>			
Single Employee	\$ 821.65	\$ 522.98 + \$60 HSA	\$ 298.67
Employee + Spouse	\$ 1,726.07	\$ 948.30 + \$125 HSA	\$ 777.77
Employee + Child(ren)	\$ 1,808.28	\$ 993.47 + \$125 HSA	\$ 814.81
Family	\$ 2,712.15	\$ 1,508.23 + \$125 HSA	\$ 1,203.92