

Premiums

Monthly Employee Premiums

Medical Plan Current employees Only	Choose Plan A or B for coverage effective 01/01			
	Plan A	Plan A COBRA	Plan B	Plan B COBRA
Single	\$200	\$1130	\$100	\$896
Employee + One Child	\$400	\$2938	\$200	\$2329
Employee + Spouse	\$440	\$2938	\$220	\$2329
Family	\$500	\$2938	\$250	\$2329

Dental Plan Current employees only	Guardian Plan
Single	\$28
Employee + Spouse	\$57
Employee + Child(ren)	\$63
Family	\$92

Vision Plan Current employees only	VSP Plan
Single	\$10.13
Employee + One	\$16.20
Employee + Children	\$16.54
Family	\$26.67

Retiree Medical Plan	Plan A
	No Plan Choice for Retirees
Single	\$300
Family	\$700

Wellness	Benefit per quarter* *Subject to change by BOCC at any time.
Single	\$75
Couple	\$150