

Health Insurance

FY 2008-2009

	Per Pay Period			Monthly		
	Plan Cost	County	Employee	Plan Cost	County	Employee
Single	\$178.77	151.95/151.96	26.82/26.81	\$357.54	\$303.91	\$53.63
2-Person	\$341.89	290.60/290.60	51.29/51.28	\$683.77	\$581.20	\$102.57
Family	\$544.90	463.16/463.16	81.74/81.73	\$1,089.79	\$926.32	\$163.47

The County will pay 85% of a single, 2-person or family plan.

Delta Dental

	Plan Cost	County	Employee	Plan Cost	County	Employee
Single	\$10.28	10.27/10.28	\$0.00	\$20.55	\$20.55	\$0.00
2-Person	\$20.54	10.27/10.28	10.27/10.26	\$41.08	\$20.55	\$20.53
Family	\$32.99	10.27/10.28	22.72/22.71	\$65.98	\$20.55	\$45.43

**The County will pay 100% of the employee dental policy only.