



**HUMAN RESOURCE DEPARTMENT
BENEFIT RATES
10/1/2016 – 09/30/2017**

HEALTH INSURANCE

COVERAGE TYPE	EMPLOYEE SHARE	COUNTY SHARE	TOTAL COST
SINGLE	\$ 117.92	\$ 485.43	\$ 603.35
SINGLE + 1	\$ 262.49	\$ 958.39	\$ 1,220.88
FAMILY	\$ 341.01	\$ 1,458.18	\$ 1,799.19

DENTAL INSURANCE

COVERAGE TYPE	SINGLE	SINGLE + 1	FAMILY
MONTHLY RATES	\$ 23.99	\$ 45.79	\$ 62.78

VISION INSURANCE

COVERAGE TYPE	SINGLE	SINGLE + 1	FAMILY
MONTHLY RATES	\$ 6.54	\$ 13.08	\$ 19.18

VOLUNTARY GROUP TERM LIFE INSURANCE

AGE	MONTHLY RATE PER \$1,000 OF BENEFIT	AGE	MONTHLY RATE PER \$1,000 OF BENEFIT
Under 30	\$0.07	50 - 54	\$0.44
30 - 34	\$0.08	55 - 59	\$0.70
35 - 39	\$0.09	60 - 64	\$0.91
40 - 44	\$0.13	65 - 69	\$1.71
45 - 49	\$0.24	70 & Over	\$3.38

VOLUNTARY ACCIDENT INSURANCE

COVERAGE	DEDUCTION	PREMIUM
Single	Voluntary Accident (AD&D)	\$0.028 per \$1,000
Family	Voluntary Accident (AD&D)	\$0.042 per \$1,000