

**2024 Monthly Medical, Dental, and Vision Premiums**  
 Before \$10 or \$30 Monthly Wellness Medical Premium Reduction

Plan and Coverage Level	Rates	
	Employee Share	County Share
<b>Medical- Consumer Choice Plan</b>		
Employee	\$45.22	\$667.04
EE + Spouse/Partner	\$207.99	\$1,205.94
EE + Child(ren)	\$185.83	\$1,084.64
EE + Family	\$290.44	\$1,684.01
<b>Medical- Hybrid Plan</b>		
Employee	\$80.37	\$665.02
EE + Spouse/Partner	\$291.08	\$1,188.17
EE + Child(ren)	\$261.56	\$1,067.66
EE + Family	\$406.52	\$1,659.41
<b>Dental Base Plan</b>		
Employee	\$4.13	\$45.37
EE + Spouse/Partner	\$49.50	\$49.47
EE + Child(ren)	\$44.54	\$44.53
EE + Family	\$69.30	\$69.28
<b>Dental Buy- Up Plan</b>		
Employee	\$12.03	\$45.37
EE + Spouse/Partner	\$65.33	\$49.47
EE + Child(ren)	\$58.79	\$44.53
EE + Family	\$91.46	\$69.28
<b>Vision Plan</b>		
Employee	\$2.31	\$2.30
EE + Spouse/Partner	\$4.60	\$4.59
EE + Child(ren)	\$4.93	\$4.92
EE + Family	\$7.86	\$7.85
<b>Vision Buy-Up Plan</b>		
Employee	\$10.00	\$2.30
EE + Spouse/Partner	\$19.94	\$4.59
EE + Child(ren)	\$21.38	\$4.92
EE + Family	\$34.09	\$7.85