

2017 Health Care Costs Per-Pay

Medical Plans*:

NPOS-Copay (Per Pay):	County Benefit Credit	Employee Share <i>*without credit applied</i>	Medical Credit Available
SINGLE	\$ 233.77	\$ 36.88	\$ 5.00
EE + CHILDREN	\$ 371.91	\$ 97.98	\$ 5.00
EE + SPOUSE*	\$ 446.27	\$ 121.57	\$ 10.00**
FAMILY*	\$ 716.65	\$ 169.99	\$ 10.00**

*** Requires Physical form for both Emp. & Spouse*

CDHP (Per Pay):	County Benefit Credit	Employee Share <i>*without credit applied</i>	Medical Credit Available	County HSA Contribution
SINGLE	\$ 189.25	\$ 26.03	\$ 5.00	\$25.00
EE + CHILDREN	\$ 301.76	\$ 71.24	\$ 5.00	\$50.00
EE + SPOUSE*	\$ 362.11	\$ 89.49	\$ 10.00**	\$50.00
FAMILY*	\$ 581.18	\$ 122.77	\$ 10.00**	\$50.00

*** Requires Physical form for both Emp. & Spouse*

Dental Plan (per pay)	Core Plan (full coverage)	Preventative Care Plan (new)
SINGLE	\$12.73	\$7.21
EE + CHILDREN	\$32.28	\$18.30
EE + SPOUSE	\$35.06	\$19.87
FAMILY	\$39.14	\$22.18

Vision Plan (Per Pay):	<i>(no changes)</i>
SINGLE	\$2.97
EE + CHILDREN	\$6.91
EE + SPOUSE	\$6.60
FAMILY	\$8.08

***An additional spousal surcharge of \$50.00 per pay will be applied for employee's that elect spousal medical coverage through the county when the spouse has coverage available through their own employer.**