



2024 BENEFIT PREMIUMS

| | COVERAGE LEVEL | EMPLOYEE PER MONTH | EMPLOYER PER MONTH |
|--|--|--------------------|--------------------------------|
| Medical: Aetna Select and Aetna POSII | Employee Only | 15.00 | 1,165.00 |
| | Employee & Dependents | 115.00 | 1,830.00 |
| | Employee & Spouse | 145.00 | 1,830.00 |
| | Employee & Family | 160.00 | 1,830.00 |
| | Overage Dependent + employee cost age 26 – 30 | 1,180.00 | -0- |
| Dental | Employee Only | 5.00 | 37.00 |
| | Employee & Family | 40.00 | 37.00 |
| Vision | Employee Only | 8.45 | -0- |
| | Employee & Family | 16.45 | -0- |
| | Employee Only – High | 14.70 | -0- |
| | Employee & Family – High | 28.07 | -0- |
| Basic Life | One Times Annual Salary | FREE | 0.179 / \$ 1,000 coverage |
| Long-term Disability | 60% of pre-disability salary | FREE | 0.32 / \$100 of monthly salary |

Premiums are deducted as follows for BOCC Employees: Medical- half from the first check and half from the second check of the month; Dental- first check of the month; Optional Life, Vision, and Short-Term Disability- second check of the month.

| Short – Term Disability Insurance Cost = Age Rate x Gross weekly salary (GWS) | | |
|--|--------------|-----------------------|
| Employee Age Range | Premium Rate | X Gross Weekly Salary |
| 29 and under | 0.702 | X \$10.00 of GWS |
| 30 - 39 | 0.358 | X \$10.00 of GWS |
| 40 - 49 | 0.388 | X \$10.00 of GWS |
| 50 - 59 | 0.494 | X \$10.00 of GWS |
| 60 - 64 | 0.702 | X \$10.00 of GWS |
| 65 + | 1.18 | X \$10.00 of GWS |

Premium Adjustments: Your monthly premium rate will be re-calculated anytime your age and/or salary change.

Optional Life Insurance (Per \$1,000 of Plan Value) – Employee Paid

| Age Range | Premium Rate |
|-----------------------|-------------------|
| 29 and under | \$.06 / \$1,000 |
| 30 – 34 | \$.08 / \$1,000 |
| 35 – 39 | \$.09 / \$1,000 |
| 40 – 44 | \$.10 / \$1,000 |
| 45 – 49 | \$.16 / \$1,000 |
| 50 – 54 | \$.24 / \$1,000 |
| 55 – 59 | \$.45 / \$1,000 |
| 60 – 64 | \$.67 / \$1,000 |
| 65 – 69 | \$ 1.31 / \$1,000 |
| 70+ | \$ 2.14 / \$1,000 |
| All Eligible Children | \$.65 / \$5,000 |

*Amounts of coverage for an active employee reduce to 67% of face amount at age 65; 50% at age 70; and 35% at age 75. Your rate increases on January 1st of the year following your birth date.