

BLUE CROSS, DELTA DENTAL & AMERITAS INSURANCE PREMIUMS

A new contract has been negotiated with Blue Cross, Delta Dental and Ameritas for the year beginning October 1, 2011. Rates for medical coverage are as follows:

BLUE CROSS PREMIUMS

	Cost per month	Cost per pay period
Employee only	\$.00 (paid by county)	
Spouse	\$362.05	\$167.10
1 Child	\$ 79.73	\$ 36.80
2 Children	\$159.46	\$ 73.60
3 or more Children	\$239.19	\$110.40
Family with 1 Child	\$441.78	\$203.90
Family with 2 Children	\$521.51	\$240.70
Family with 3 or more Children	\$601.24	\$277.50

DELTA DENTAL PREMIUMS

	Cost per month	Cost per pay period
Employee only	\$.00 (paid by county)	
Spouse	\$ 32.50	\$ 15.00
Child/Children	\$ 32.50	\$ 15.00
Family	\$ 65.00	\$ 30.00

AMERITAS PREMIUMS

	Cost per month	Cost per pay period
Employee only	\$.00 (paid by county)	
Spouse	\$ 14.20	\$ 6.55
Child/Children	\$ 14.20	\$ 6.55
Family	\$ 14.20	\$ 6.55

TOTAL PREMIUMS

	Cost per month	Cost per pay period
Employee	\$.00 (paid by county)	
Spouse	\$408.70	\$ 188.60
1 Child	\$126.38	\$ 58.30
2 Children	\$206.11	\$ 95.10
3 Children	\$285.84	\$ 131.90
Family with 1 Child	\$520.73	\$ 240.35
Family with 2 Children	\$600.46	\$ 277.15
Family with 3 or more Children	\$680.19	\$ 313.95