

2024 - Douglas County

Medical, Dental & Vision Insurance Rates

	Total Cost (per month)	County Contribution (per month)	Employee Cost (per month)	Employee Cost (per pay period)
MEDICAL - PPO				
Employee Only	\$ 826.42	\$ 743.78	\$ 86.42	\$ 41.32
Employee + Spouse	\$ 1,652.85	\$ 1,074.35	\$ 578.50	\$ 289.25
Employee + Child	\$ 1,473.30	\$ 957.65	\$ 515.66	\$ 257.83
Employee + 2 or more Children	\$ 1,473.30	\$ 957.65	\$ 515.66	\$ 257.83
Employee + Family	\$ 2,144.06	\$ 1,393.64	\$ 750.42	\$ 375.21
Medical - High Deductible				
Employee Only	\$ 690.97	\$ 690.97	\$ -	\$ -
Employee + Spouse	\$ 1,377.73	\$ 1,033.30	\$ 344.43	\$ 172.22
Employee + Child	\$ 1,231.80	\$ 923.85	\$ 307.95	\$ 153.98
Employee + 2 or more Children	\$ 1,231.80	\$ 923.85	\$ 307.95	\$ 153.98
Employee + Family	\$ 1,792.64	\$ 1,344.48	\$ 448.16	\$ 224.08
DENTAL				
Employee Only	\$ 37.30	\$ 37.30	\$ -	\$ -
Employee + Spouse	\$ 70.07	\$ 37.30	\$ 32.77	\$ 16.39
Employee + Child	\$ 70.07	\$ 37.30	\$ 32.77	\$ 16.39
Employee + 2 or more Children	\$ 100.54	\$ 37.30	\$ 63.24	\$ 31.62
Employee + Family	\$ 100.54	\$ 37.30	\$ 63.24	\$ 31.62
VISION				
Employee Only	\$ 5.58	\$ 5.58	\$ -	\$ -
Employee + Spouse	\$ 11.65	\$ 5.58	\$ 6.07	\$ 3.04
Employee + Child	\$ 11.65	\$ 5.58	\$ 6.07	\$ 3.04
Employee + 2 or more Children	\$ 19.33	\$ 5.58	\$ 13.75	\$ 6.88
Employee + Family	\$ 19.33	\$ 5.58	\$ 13.75	\$ 6.88

*Medical coverage may be waived under certain conditions.

If medical is waived the employee must pay the cost of their own dental and vision coverage.