



**Human Resources Department
Benefit Rates
10/1/2013 – 9/30/2014**

HEALTH INSURANCE

Coverage Type	Employee Share	County	Total Cost
Single	\$117.92	\$351.23	\$469.15
Family	\$341.01	\$900.55	\$1241.56

DENTAL INSURANCE

Coverage Type	Rates
Single	\$18.92
Single + 1	\$36.89
Family	\$53.41

VISION INSURANCE

Coverage Type	Rates
Single	\$6.14
Single + 1	\$12.28
Family	\$18.06

VOLUNTARY GROUP TERM LIFE INSURANCE

AGE	MONTHLY RATE PER \$1,000 OF BENEFIT	AGE	MONTHLY RATE PER \$1,000 OF BENEFIT
Under 30	\$.08	50 – 54	\$.49
30 – 34	\$.09	55 – 59	\$.78
35 – 39	\$.10	60 – 64	\$1.01
40 – 44	\$.14	65 – 69	\$1.90
45 – 49	\$.27	70 & Over	\$3.75

VOLUNTARY ACCIDENT INSURANCE

DEDUCTION	COVERAGE	AMOUNT OF PREMIUM
Voluntary Accident (AD&D)	Single	\$0.28 per \$10,000
Voluntary Accident (AD&D)	Family	\$0.42 per \$10,000

OTHER VOLUNTARY BENEFITS

DEDUCTION	AMOUNT
AFLAC	CONTACT REPRESENTATIVE
COLLEGE 529 PLAN	CONTACT REPRESENTATIVE
DEFERRED COMPENSATION – AXA, Valic Retirement, MassMutual Financial (formerly the Hartford) & Nationwide Retirement Solutions	CONTACT REPRESENTATIVE
Legal Shield	\$15.95 per month CONTACT REPRESENTATIVE