

2016 Health Care Costs Per-Pay

Medical Plans*:

NPOS-Copay (Per Pay):	County Benefit Credit	Employee Share		Discount Applied	
		Standard Rate	With Physical Discount		
SINGLE	\$ 224.29	\$ 37.63	\$ 32.63	\$ 5.00	
EE + CHILDREN	\$ 357.46	\$ 97.17	\$ 92.17	\$ 5.00	
EE + SPOUSE*	\$ 428.93	\$ 120.60	\$ 110.60	\$ 10.00**	<i>** Requires Physical form for both Emp. & Spouse</i>
FAMILY*	\$ 694.40	\$ 163.46	\$ 153.46	\$ 10.00**	

CDHP (Per Pay):	County Benefit Credit	Employee Share		Discount Applied	County HSA Contribution	
		Standard Rate	With Physical Discount			
SINGLE	\$ 181.62	\$ 26.76	\$ 21.76	\$ 5.00	\$25.00	
EE + CHILDREN	\$ 290.08	\$ 70.85	\$ 65.85	\$ 5.00	\$50.00	
EE + SPOUSE*	\$ 348.09	\$ 89.01	\$ 79.01	\$ 10.00**	\$50.00	<i>** Requires Physical form for both Emp. & Spouse</i>
FAMILY*	\$ 563.10	\$ 118.06	\$ 108.06	\$ 10.00**	\$50.00	

Dental Plan	Per Pay Deductions
SINGLE	\$12.71
EE + CHILDREN	\$35.01
EE + SPOUSE	\$32.24
FAMILY	\$39.09

Vision Plan	Per Pay Deductions
SINGLE	\$2.97
EE + CHILDREN	\$6.91
EE + SPOUSE	\$6.60
FAMILY	\$8.08

***The existing spousal surcharge of \$25.00 per pay will continue through 2016 for employee's that elect spousal coverage through the county when the spouse has coverage available through their own employer.**