



2023 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.