

RATES FOR 2025-2026

ANTHEM BLUE CROSS/BLEU SHIELD HEALTH INSURANCE

Key Care 15 Plus PPO including Basic Vision				
Tier	Monthly Cost	County Pays	Employee Pays	Employee Cost per Pay Period
Employee Only	\$ 935.69	\$ 748.55	\$ 187.14	\$ 93.57
Employee + Child	\$ 1,590.67	\$ 1,108.79	\$ 481.88	\$ 240.94
Employee + Children	\$ 1,590.67	\$ 1,108.79	\$ 481.88	\$ 240.94
Employee + Spouse	\$ 1,964.93	\$ 1,314.63	\$ 650.30	\$ 325.15
Employee + Family	\$ 2,526.34	\$ 1,623.41	\$ 902.93	\$ 451.47
Medicare Carve-Out	\$ 935.69	\$ 467.84	\$ 467.85	N/A

(\$15/50/85/20% Prescription Drug Benefit)

Key Care 15 Plus PPO with Major Vision				
Tier	Monthly Cost	County Pays	Employee Pays	Employee Cost per Pay Period
Employee Only	\$ 941.20	\$ 748.55	\$ 192.65	\$ 96.32
Employee + Child	\$ 1,600.61	\$ 1,108.79	\$ 491.82	\$ 245.91
Employee + Children	\$ 1,600.61	\$ 1,108.79	\$ 491.82	\$ 245.91
Employee + Spouse	\$ 1,974.87	\$ 1,314.63	\$ 660.24	\$ 330.12
Employee + Family	\$ 2,542.30	\$ 1,623.41	\$ 918.89	\$ 459.45

(\$15/50/85/20% Prescription Drug Benefit)

Key Care 20 Plus PPO including Basic Vision				
Tier	Monthly Cost	County Pays	Employee Pays	Employee Cost per Pay Period
Employee Only	\$ 927.58	\$ 748.55	\$ 179.03	\$ 89.51
Employee + Child	\$ 1,576.89	\$ 1,108.79	\$ 468.09	\$ 234.05
Employee + Children	\$ 1,576.89	\$ 1,108.79	\$ 468.09	\$ 234.05
Employee + Spouse	\$ 1,947.91	\$ 1,314.63	\$ 633.28	\$ 316.64
Employee + Family	\$ 2,504.46	\$ 1,623.41	\$ 881.05	\$ 440.53

(\$15/50/85/20% Prescription Drug Benefit)

Key Care 20 Plus PPO with Major Vision				
Tier	Monthly Cost	County Pays	Employee Pays	Employee Cost per Pay Period
Employee Only	\$ 933.09	\$ 748.55	\$ 184.54	\$ 92.27
Employee + Child	\$ 1,586.83	\$ 1,108.79	\$ 478.03	\$ 239.02
Employee + Children	\$ 1,586.83	\$ 1,108.79	\$ 478.03	\$ 239.02
Employee + Spouse	\$ 1,957.85	\$ 1,314.63	\$ 643.22	\$ 321.61
Employee + Family	\$ 2,520.42	\$ 1,623.41	\$ 897.01	\$ 448.51

(\$15/50/85/20% Prescription Drug Benefit)

DENTAL INSURANCE

Dental - Basic				
Tier	Monthly Cost	County Pays	Employee Pays	Employee Cost per Pay Period
Employee Only	\$ 15.36	\$ 12.30	\$ 3.06	\$ 1.53
Employee + Child	\$ 30.71	\$ 20.75	\$ 9.96	\$ 4.98
Employee + Children	\$ 30.71	\$ 20.75	\$ 9.96	\$ 4.98
Employee + Spouse	\$ 29.17	\$ 19.90	\$ 9.27	\$ 4.64
Employee + Family	\$ 46.07	\$ 29.18	\$ 16.89	\$ 8.44
Medicare Carve-Out	\$ 15.36	\$ 7.68	\$ 7.68	n/a

Dental - Major				
Tier	Monthly Cost	County Pays	Employee Pays	Employee Cost per Pay Period
Employee Only	\$ 26.03	\$ 12.30	\$ 13.73	\$ 6.86
Employee + Child	\$ 52.07	\$ 20.75	\$ 31.32	\$ 15.66
Employee + Children	\$ 52.07	\$ 20.75	\$ 31.32	\$ 15.66
Employee + Spouse	\$ 49.46	\$ 19.90	\$ 29.56	\$ 14.78
Employee + Family	\$ 78.08	\$ 29.18	\$ 48.90	\$ 24.45
Medicare Carve-Out	\$ 26.03	\$ 7.68	\$ 18.35	N/A