

**SAN PATRICIO CO. MEDICAL, DENTAL, VISION AND LIFE INSURANCE**

**2024 RATES**

**MEDICAL - PLAN A**

	<u>EMPLOYEE MTHLY PREMIUM</u>	<u>PER PAY</u>	<u>MONTHLY EMPLOYER CONTRIBUTION</u>	<u>YEARLY EMPLOYER CONTRIBUTION</u>
EMPLOYEE ONLY	\$15.00	\$7.50	\$560.50	\$6,726.00
EMPLOYEE/SPOUSE	\$282.00	\$141.00	\$611.84	\$7,342.00
EMPLOYEE/CHLD(REN)	\$255.00	\$127.50	\$611.84	\$7,342.00
EMPLOYEE/FAMILY	\$517.00	\$258.50	\$611.84	\$7,342.00

**MEDICAL - PLAN B**

	<u>EMPLOYEE MTHLY PREMIUM</u>	<u>PER PAY</u>		
EMPLOYEE ONLY	\$0.00	\$0.00		
EMPLOYEE/SPOUSE	\$65.00	\$32.50		
EMPLOYEE/CHILD(REN)	\$44.00	\$22.00		
EMPLOYEE/FAMILY	\$86.00	\$43.00		

**DENTAL - OPTIONAL PLAN FULLY PAID BY EMPLOYEE**

EMPLOYEE ONLY	\$29.00	\$14.50		
EMPLOYEE/SPOUSE	\$55.00	\$27.50		
EMPLOYEE/CHILD/REN	\$49.00	\$24.50		
EMPLOYEE/FAMILY	\$73.00	\$36.50		

**VISION - OPTIONAL PLAN FULLY PAID BY EMPLOYEE**

EMPLOYEE ONLY	\$7.07	\$3.54		
EMPLOYEE/SPOUSE	\$14.13	\$7.07		
EMPLOYEE/CHILD/REN	\$16.16	\$8.08		
EMPLOYEE/FAMILY	\$24.92	\$12.46		

**LIFE**

<u>COUNTY FUNDED</u>		<u>SUPPLEMENTAL RATES PAID BY EMPLOYEE</u>	
12,000 - LIFE	\$2.02	29 /UNDER	\$.05/\$1,000
12,000 - AD&D	\$0.32	30-34	\$.08/\$1,000
	\$2.34	35-39	\$.09/\$1,000
		40-44	\$.14/\$1,000
		45-49	\$.25/\$1,000
		50-54	\$.41/\$1,000
		55-59	\$.83/\$1,000
		60-64	\$.88/\$1,000
		65-69	\$1.54/\$1,000
		70-74	\$2.19/\$1,000
		75+	\$3.65/\$1,000

Approved by CC 10/23/2023