

Jefferson County Commission
2024-2025 Plan Year
Contributions

Medical Plan						
Tier	#	Total Funding Rate	Employer	Employee	ER %	EE %
Employee Only	1279	\$856.68	\$732.86	\$123.82	86%	14%
Employee + One	594	\$1,733.47	\$1,457.86	\$275.61	84%	16%
Employee + Family	704	\$2,554.58	\$2,196.52	\$358.06	86%	14%
Monthly Total	2577	\$3,923,799	\$3,349,647	\$574,152		

Base Dental Plan						
Tier	#	Total Monthly Premium	Employer Contribution	Employee Contribution	ER %	EE %
Employee Only	665	\$23.16	\$0.00	\$23.16	0%	100%
Employee + One	401	\$44.20	\$0.00	\$44.20	0%	100%
Employee + Family	231	\$60.60	\$0.00	\$60.60	0%	100%
Monthly Total	1297	\$47,124.20	\$0.00	\$47,124.20		

Premium Dental Plan						
Tier	#	Total Monthly Premium	Employer Contribution	Employee Contribution	ER %	EE %
Employee Only	825	\$34.02	\$0.00	\$34.02	0%	100%
Employee + One	481	\$64.92	\$0.00	\$64.92	0%	100%
Employee + Family	503	\$89.01	\$0.00	\$89.01	0%	100%
Monthly Total	1809	\$104,065	\$0	\$104,065		

Base Vision Plan						
Tier	#	Total Monthly Premium	Employer Contribution	Employee Contribution	ER %	EE %
Employee Only	552	\$5.33	\$0.00	\$5.33	0%	100%
Employee + One	382	\$10.65	\$0.00	\$10.65	0%	100%
Employee + Family	216	\$15.62	\$0.00	\$15.62	0%	100%
Monthly Total	1150	\$10,384	\$0	\$10,384		

Premium Vision Plan						
Tier	#	Total Monthly Premium	Employer Contribution	Employee Contribution	ER %	EE %
Employee Only	811	\$7.84	\$0.00	\$7.84	0%	100%
Employee + One	490	\$15.67	\$0.00	\$15.67	0%	100%
Employee + Family	454	\$22.98	\$0.00	\$22.98	0%	100%
Monthly Total	1755	\$24,469	\$0	\$24,469		

Basic Life and AD&D - Employer Paid						
Tier	Total Monthly Premium				ER %	EE %
Life rate per \$1,000	\$0.10				100%	0%
AD&D rate per \$1,000	\$0.01				100%	0%
Composite	\$0.11				100%	0%
Volume	\$128,992,500				100%	0%
Monthly Total	\$14,318					

Voluntary Life - 100% Employee Paid				
Age Band Rate per \$1,000	Employee Rate	Spouse Rate	Child Rate	
<25	\$0.07	\$0.07	\$0.80	
25-29	\$0.07	\$0.07	\$0.80	
30-34	\$0.08	\$0.08	\$0.80	
35-39	\$0.09	\$0.09	\$0.80	
40-44	\$0.13	\$0.13	\$0.80	
45-49	\$0.24	\$0.24	\$0.80	
50-54	\$0.44	\$0.44	\$0.80	
55-59	\$0.70	\$0.70	\$0.80	
60-64	\$0.91	\$0.91	\$0.80	
65-69	\$1.71	\$1.71	\$0.80	
70+	\$3.38	\$3.38	\$0.80	

Cost based on Spouse's Age

Voluntary AD&D - 100% Employee Paid		
	Employee Rate	Family Rate
Rate per \$1,000	\$0.028	\$0.042

Voluntary Short Term Disability - 100% Employee Paid	
Age Band Rate per \$1,000	Employee Rate
<29	\$0.529
30-34	\$0.540
35-39	\$0.486
40-44	\$0.529
45-49	\$0.648
50-54	\$0.788
55-59	\$0.972

60-64	\$1.156
65+	\$1.382

Voluntary Long Term Disability - 100% Employee Paid

Age Band Rate per \$1,000	Employee Rate
<29	\$0.182
30-34	\$0.356
35-39	\$0.528
40-44	\$0.717
45-49	\$0.941
50-54	\$0.963
55-59	\$1.120
60-64	\$0.506
65+	\$0.182

Voluntary Accident - 100% Employee Paid

	Employee Rate
Employee Only	\$10.07
Employee + Spouse	\$18.02
Employee + Children	\$25.23
Employee + Family	\$33.18

Voluntary Hospital - 100% Employee Paid

	Employee Rate
Employee Only	\$21.39
Employee + Spouse	\$40.88
Employee + Children	\$33.00
Employee + Family	\$52.50

Voluntary Critical Illness - 100% Employee Paid

	Employee Rate	Spouse Rate
Age Band Rate per \$1,000	\$15,000	\$7,500
Under 30	\$7.20	\$4.43
30-39	\$10.35	\$6.00
40-49	\$19.05	\$10.43
50-59	\$35.55	\$18.08
60-69	\$60.15	\$29.48
70 +	\$105.45	\$51.08
	Employee Rate	Spouse Rate
Age Band Rate per \$1,000	\$30,000	\$15,000
Under 30	\$11.10	\$6.30
30-39	\$17.40	\$9.60
40-49	\$34.80	\$18.30
50-59	\$67.80	\$33.75
60-69	\$117.00	\$56.40
70 +	\$207.60	\$99.60

Cost based on Spouse's Age