



EXEMPT & NON-EXEMPT EMPLOYEES 2024-25

Employee Health Costs Effective September 1, 2024

Health Coverage*	Employee Cost Per Pay Period
Employee Only	\$0.00
Employee + Child(ren)	\$155.33
Employee + Spouse	\$176.32
Employee + Family	\$236.75

**Employees who enroll in health insurance must also select any tier of dental coverage.*

Employee Dental Costs Effective September 1, 2024

Dental Coverage	Employee Cost Per Pay Period
Employee Only	\$0.00
Employee + Child(ren)	\$5.57
Employee + Spouse	\$6.33
Employee + Family	\$8.50

Employees may elect dental insurance without enrolling in medical insurance.