2024 RATES for HEALTH, LIFE, VISION and DENTAL INSURANCE

Updated 01/01/2024

UNIONS

HEALT	H INSURAN	ICE		CSEA (1000)		SWD (8427)	_	MGMT / N-Union		Deputies (1529)	Со	rrections (2390)		Corrections Supervisor		heriff's pervisor		digent
Active (payroll dedu	ction)											<u> </u>					
ACTV	S -SN	Active Single		\$46.72		\$46.72		\$46.72		\$46.72		\$46.72		\$46.72		\$46.72		\$46.72
	D -WD	Active w/dep		\$113.53		\$113.53		\$113.53		\$113.53		\$113.53		\$113.53		\$113.53		\$113.53
	F -FM	Active Family		\$212.76		\$212.76		\$212.76		\$212.76		\$212.76		\$212.76		\$212.76		\$212.76
		np, and Family Medical Leave (oilled			4		2		.	1	2	ı					
BILL	SN	Single Coverage		\$101.23		\$101.23		\$101.23		\$101.23		\$101.23		\$101.23		\$101.23		\$101.23
COMP	WD	w/Dep Coverage		\$245.98		\$245.98		\$245.98		\$245.98		\$245.98		\$245.98		\$245.98		\$245.98
FMLA	FM	Family Coverage		\$460.98		\$460.98		\$460.98		\$460.98		\$460.98		\$460.98		\$460.98		\$460.98
Retiree	billed month	nlv)																
RET	SN	Retired Single		\$101.22		\$101.22		\$101.22		\$101.22		\$101.22		\$101.22		\$101.22		\$101.22
	WD	Retired w/Dep		\$245.99		\$245.99		\$245.99		\$245.99		\$245.99		\$245.99		\$245.99		\$245.99
	FM	Retired Family		\$460.99		\$460.99		\$460.99		\$460.99		\$460.99		\$460.99		\$460.99		\$460.99
	MS	Ret. Single w/Med	\$	72.30	\$	72.30	\$	72.30	\$	72.30	\$	72.30	\$	72.30	\$	72.30	\$	72.30
	M1	Ret. Family 1 w/Med	\$	318.92	\$	318.92	\$		\$	318.92	_		\$	318.92	\$	318.92	\$	318.92
	M2	Ret. Family 2 w/Med	\$	194.22	\$	194.22	\$	194.22	\$	194.22			\$	194.22	\$	194.22	\$	194.22
					ı		ı		ı		1							
		oouse (billed monthly)			_		_						<u> </u>					
RSPS	FM	Spouse and Family	1	1,756.51	\$	1,756.51		1,756.51	\$	1,756.51	\$	1,756.51	\$	1,756.51		1,756.51		1,756.51
	M1	Spouse w/Medicare	\$1	1,189.85	\$	51,189.85	\$	1,189.85	(\$1,189.85	\$	31,189.85		\$1,189.85	\$	1,189.85	\$1	,189.85
Leave o	f Absence (b	illed monthly)																
LOA	SN	LOA Single	\$	1,124.66	\$	1,124.66	\$	1,124.66	\$	1,124.66	\$	1,124.66	\$	1,124.66	\$	1,124.66	\$ ^	1,124.66
	WD	LOA Single w/Dep		2,049.93	\$	2,049.93	\$	2,049.93	\$	2,049.93	\$	2,049.93	\$	2,049.93		2,049.93	\$ 2	2,049.93
	FM	LOA Family		2,881.17	\$	2,881.17		2,881.17	\$	2,881.17	\$		\$	2,881.17		2,881.17		2,881.17
	(billed mont																	
CBRA	SN	Cobra Single		1,147.15	\$	1,147.15		•	\$	1,147.15	\$		\$	1,147.15		1,147.15		1,147.15
	WD	Cobra Single w/Dep	1	2,090.93	\$	2,090.93		2,090.93	\$	2,090.93	\$,	\$	2,090.93		2,090.93		2,090.93
	FM	Cobra Family	\$	2,938.79	\$	2,938.79	\$	2,938.79	\$	2,938.79	\$	2,938.79	\$	2,938.79	\$:	2,938.79	\$ 2	2,938.79

Life Insurance Rates Change July 1st											
LIFE INSURANCE		CSEA	sw	MANG /	Deputies	Corrections	Corrections	Sheriff's	Indigent		
			(1000)	(8427)	N-UNION	(1529)	(2390)	Supervisor	Supervisor	Defenders	
<u>Active</u>	(payroll deduction)										
	S	Single	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	F	Dependent	1.15	1.15	1.15	1.15	1.15	1.15	1.15	1.15	
Retired	Retired (billed monthly - all units)										
	SN	Single/hired before 6/1/80	0.00		Emp. # 1-259						
	DP	Family/hired before 6/1/80	2.50		Emp. # 1-259						
	SA	Single/hired after 6/1/80	3.95		Emp. # 260+						
	FA	Family/hired after 6/1/80	6.45		Emp. # 260+						

DENTAL INSURANCE		CSEA	SW	MANG /	Deputies	Corrections Corrections		Sheriff's	Indigent
		(1000)	(8427)	N-UNION	(1529)	(2390)	Supervisor	Supervisor	Defenders
<u>Active</u>	Single	\$0.00	\$0.00	\$0.00	\$0.00	\$25.81	\$0.00	\$0.00	\$0.00
(payroll deduction)	Single w/children	N/A	N/A	N/A	\$13.84	\$39.66	N/A	\$13.84	N/A
	2 person-no children	N/A	N/A	N/A	\$13.84	\$39.66	N/A	\$13.84	N/A
	Family	\$49.03	\$49.03	\$49.03	\$30.23	\$49.03	\$49.03	\$30.23	\$49.03
Retired	Single	N/A	N/A	N/A	62.70	N/A	N/A	62.70	N/A
(billed monthly)	Single w/children	N/A	N/A	N/A	92.70	N/A	N/A	92.70	N/A
	2 person-no children	N/A	N/A	N/A	92.70	N/A	N/A	92.70	N/A
	Family	N/A	N/A	N/A	128.20	N/A	N/A	128.20	N/A

CSEA Dental rates change July 1st

Deputies and Sheriff Supervisors Unions Dental/Vision rates change May 1st (open enrollement April)

VISION INSURANCE

Active

All County Employees with the exception of

Deputy Supervisors and Deputies bargaining unit members:

Single: no charge

Family: \$2.25 per pay period

CSEA DENTAL/VISION COBRA COVERAGE

Payroll will notify CSEA EBF you are no longer receiving a paycheck.

CSEA EBF should contact you to begin COBRA coverage.

Contact CSEA EBF at 1-800-323-2732 for more information.