

2024 BALDWIN COUNTY HEALTH/DENTAL INSURANCE RATES

| EMPLOYEE HEALTH INSURANCE RATES | | | | |
|--|------------------------|---------------------|-----------------------|------------------------|
| | TOTAL MONTHLY PREMIUMS | COUNTY PAYS MONTHLY | EMPLOYEE PAYS MONTHLY | EMPLOYEE PAYS BIWEEKLY |
| If employee participated/completed 2023 health incentive program | | | | |
| SINGLE | \$ 662 | \$ 610 | \$ 52 | \$ 26 |
| EMPLOYEE + 1 | \$ 1,647 | \$ 1,381 | \$ 266 | \$ 133 |
| FAMILY | \$ 1,647 | \$ 1,315 | \$ 332 | \$ 166 |
| If employee DID NOT participate/complete 2023 health incentive program: | | | | |
| SINGLE | \$ 662 | \$ 580 | \$ 82 | \$ 41 |
| EMPLOYEE + 1 | \$ 1,647 | \$ 1,351 | \$ 296 | \$ 148 |
| FAMILY | \$ 1,647 | \$ 1,285 | \$ 362 | \$ 181 |

| EMPLOYEE DENTAL RATES | | | | |
|--|------------------------|---------------------|-----------------------|------------------------|
| | TOTAL MONTHLY PREMIUMS | COUNTY PAYS MONTHLY | EMPLOYEE PAYS MONTHLY | EMPLOYEE PAYS BIWEEKLY |
| SINGLE | \$ 23 | \$ - | \$ 23 | \$ 11.50 |
| EMPLOYEE + 1 (No ORTHO) | \$ 46 | | \$ 46 | \$ 23 |
| EMPLOYEE + 1 (ORTHO - child only) | \$ 57.50 | | \$ 57.50 | \$ 28.75 |
| FAMILY - NON-ORTHO | \$ 68 | \$ - | \$ 68 | \$ 34 |
| FAMILY - ORTHO | \$ 85 | \$ - | \$ 85 | \$ 42.50 |

| COBRA RATES | | | | |
|---------------------|-------------|--|----------|--------------|
| | HEALTH | | DENTAL | DENTAL-Ortho |
| SINGLE | \$ 675.24 | | \$ 23.46 | |
| EMPLOYEE + 1 | \$ 1,679.94 | | \$ 46.92 | \$ 58.65 |
| FAMILY | \$ 1,679.94 | | \$ 69.36 | \$ 86.70 |

2024 BALDWIN COUNTY HEALTH/DENTAL INSURANCE RATES

| 25 YR RETIREE HEALTH INSURANCE RATES | | | | |
|---|------------------------|---------------------|-----------------------|--|
| If retiree participated/completed 2023 health incentive program: | | | | |
| | TOTAL MONTHLY PREMIUMS | COUNTY PAYS MONTHLY | EMPLOYEE PAYS MONTHLY | |
| (25) SINGLE | \$ 662 | \$ 562 | \$ 100 | |
| (25) FAMILY | \$ 1,647 | \$ 562 | \$ 1,085 | |
| If retiree DID NOT participate/complete 2023 health incentive program: | | | | |
| (25) SINGLE | \$ 662 | \$ 532 | \$ 130 | |
| (25) FAMILY | \$ 1,647 | \$ 477 | \$ 1,034 | |

| 30 YR RETIREE HEALTH INSURANCE RATES | | | | |
|---|------------------------|---------------------|-----------------------|--|
| If retiree participated/completed 2023 health incentive program: | | | | |
| | TOTAL MONTHLY PREMIUMS | COUNTY PAYS MONTHLY | EMPLOYEE PAYS MONTHLY | |
| (30) SINGLE | \$ 662 | \$ 662 | \$ - | |
| (30) FAMILY | \$ 1,647 | \$ 662 | \$ 985 | |
| If retiree DID NOT participate/complete 2023 health incentive program: | | | | |
| (30) SINGLE | \$ 662 | \$ 632 | \$ 30 | |
| (30) FAMILY | \$ 1,647 | \$ 577 | \$ 1,070 | |