HEALTH INSURANCE RATES January 1, 2026 to December 31, 2026

	Employee Deduction Per Pay Period	Employee Total Monthly Premium	County Paid Portion (monthly)	Total Monthly Premium
Employee	\$80.00	\$160.00	\$1,344.00	\$1,504.00
Employee + Spouse	\$223.00	\$446.00	\$1,544.00	\$1,990.00
Employee + Children	\$142.50	\$285.00	\$1,594.00	\$1,879.00
Family	\$802.00	\$1,604.00	\$1,644.00	\$3,248.00