

Jefferson County Commission
2025-2026 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 (ACTIVE)	Total Monthly Premium		ER %
Life rate per \$1,000	\$0.052		100%
AD&D rate per \$1,000	\$0.007		100%
Composite (Life + AD&D)	\$0.059		100%
Tier (RETIRED JUDGES CLOSED)	Total Monthly Premium		ER %
Life rate per \$1,000	\$0.144		100%

Voluntary Life - 100% Employee Paid			
Age Band Rate per \$1,000	Employee Rate	Spouse Rate	Child Rate
<25	\$0.052	\$0.052	\$0.80
25-29	\$0.052	\$0.052	
30-34	\$0.059	\$0.059	
35-39	\$0.067	\$0.067	
40-44	\$0.097	\$0.097	
45-49	\$0.177	\$0.177	
50-54	\$0.325	\$0.325	
55-59	\$0.518	\$0.518	
60-64	\$0.673	\$0.673	
65-69	\$1.265	\$1.265	
70+	\$2.869	\$2.869	

Cost based on Spouse's Age

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

Voluntary Short Term Disability - 100% Employee Paid	
Age Band Rate per \$10	Employee Rate
<29	\$0.490
30-34	\$0.501
35-39	\$0.450
40-44	\$0.490
45-49	\$0.601
50-54	\$0.730
55-59	\$0.901
60-64	\$1.070
65+	\$1.281

Voluntary Long Term Disability - 100% Employee Paid	
Age Band Rate per \$100	Employee Rate
<35	\$0.182
35-39	\$0.356
40-44	\$0.528
45-49	\$0.717
50-54	\$0.941
55-59	\$0.963
60-64	\$1.120
65+	\$0.506

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	\$16.16
Employee + Spouse	\$30.22
Employee + Children	\$25.60
Employee + Family	\$39.66

Voluntary Critical Illness - 100% Employee Paid				
	Employee Rate	Spouse Rate	Employee Rate	Spouse Rate
Age Band Rate	\$15,000	\$7,500	Per \$1,000	Per \$1,000
Under 30	\$4.20	\$2.55	\$0.28	\$0.34
30-39	\$7.50	\$4.20	\$0.50	\$0.56
40-44	\$13.05	\$7.28	\$0.87	\$0.97
45-49	\$16.50	\$8.70	\$1.10	\$1.16
50-54	\$25.20	\$13.35	\$1.68	\$1.78
55-59	\$32.55	\$16.28	\$2.17	\$2.17
60-69	\$55.95	\$26.93	\$3.73	\$3.59
70 +	\$90.90	\$43.20	\$6.06	\$5.76
	Employee Rate	Spouse Rate	Employee Rate	Spouse Rate
Age Band Rate	\$30,000	\$15,000	Per \$1,000	Per \$1,000
Under 30	\$8.40	\$5.10	\$0.28	\$0.34
30-39	\$15.00	\$8.40	\$0.50	\$0.56
40-44	\$26.10	\$14.55	\$0.87	\$0.97
45-49	\$33.00	\$17.40	\$1.10	\$1.16
50-54	\$50.40	\$26.70	\$1.68	\$1.78
55-59	\$65.10	\$32.55	\$2.17	\$2.17
60-69	\$111.90	\$53.85	\$3.73	\$3.59
70 +	\$181.80	\$86.40	\$6.06	\$5.76

Cost based on Spouse's Age