

2025 HEALTH INSURANCE CODES & RATES

CODE	PLAN	EMPLOYEE SHARE	EMPLOYER SHARE	TOTAL PREMIUM	PER PAY
	COUNTY				
A	SINGLE OPT 1	-		-	-
B	SINGLE OPT 2	200.46	944.99	1,145.45	100.23
AD	SINGLE OPT 3	88.00	1,025.83	1,113.83	44.00
C	EE/SPOUSE OPT 1			-	-
D	EE/SPOUSE OPT 2	441.60	2,081.83	2,523.43	220.80
AE	EE/SPOUSE OPT 3	269.92	2,183.84	2,453.76	134.96
E	EE/CHILD OPT 1			-	-
F	EE/CHILD OPT 2	360.22	1,698.12	2,058.34	180.11
AF	EE/CHILD OPT 3	220.18	1,781.34	2,001.52	110.09
G	FAMILY OPT 1			-	-
H	FAMILY OPT 2	601.36	2,834.96	3,436.32	300.68
AG	FAMILY OPT 3	367.56	2,973.90	3,341.46	183.78