

2025 HEALTH INSURANCE CODES & RATES

CODE	PLAN	EMPLOYEE SHARE	EMPLOYER SHARE	TOTAL PREMIUM	PER PAY
	HEALTH DEPARTMENT				
Q	SINGLE OPT 1			-	-
R	SINGLE OPT 2	286.36	859.09	1,145.45	143.18
AL	SINGLE OPT 3	88.00	1,025.83	1,113.83	44.00
S	EE/SPOUSE OPT 1			-	-
T	EE/SPOUSE OPT 2	1,892.58	630.85	2,523.43	946.29
AM	EE/SPOUSE OPT 3	1,840.32	613.44	2,453.76	920.16
U	EE/CHILD OPT 1			-	-
V	EE/CHILD OPT 2	1,543.76	514.58	2,058.34	771.88
AN	EE/CHILD OPT 3	1,501.14	500.38	2,001.52	750.57
W	FAMILY OPT 1			-	-
X	FAMILY OPT 2	2,577.24	859.08	3,436.32	1,288.62
AO	FAMILY OPT 3	2,506.10	835.36	3,341.46	1,253.05