

**TRI-COUNTY COMMUNITY CORRECTIONS
CAFETERIA PLAN / MEDICAL INSURANCE PLAN OPTIONS**

EMPLOYER CONTRIBUTION: This benefit amount is allotted for full time employees. Anyone working less than 40 hours or more than 20 hours per week, contributions will be calculated at 50% of the agency's approved monthly contribution for full time employees for the first 3-months of employment and re-calculated at the completion of 6-months and every 6-months thereafter to establish appropriate benefit amounts.

Yr 2026 Employer Monthly Contribution **\$1,165.00 per month / per full time employee**

Yr 2026 MEDICAL {Blue Cross & Blue Shield} INSURANCE PLANS

High Value Network– VEBA and/or HSA – 100% Coverage after deductible				
	Premium Amount		Employee Out-of-Pocket Cost	\$ Contributed to VEBA or HSA Account
Single Plan - \$8,500	\$916.38		\$0.00	\$248.02
Family Plan - \$17,000	\$916.38		\$0.00	\$248.02
Single Plan - \$5,500	\$1,095.07		\$0.00	\$69.33
Family Plan - \$11,000	\$1,095.07		\$0.00	\$69.33
Single Plan - \$3,500	\$1,265.56		\$101.16	\$0.00
Family Plan - \$7,000	\$1,265.56		\$101.16	\$0.00

Aware Network– VEBA and/or HSA – 100% Coverage after deductible				
	Premium Amount		Employee Out-of-Pocket Cost	\$ Contributed to VEBA or HSA Account
Single Plan - \$8,500	\$1,014.48		\$0.00	\$149.92
Family Plan - \$17,000	\$1,014.48		\$0.00	\$149.92
Single Plan - \$5,500	\$1,212.40		\$48.00	\$0.00
Family Plan - \$11,000	\$1,212.40		\$48.00	\$0.00
Single Plan - \$3,500	\$1,401.03		\$236.63	\$0.00
Family Plan - \$7,000	\$1,401.03		\$236.63	\$0.00

Yr 2026 EMPLOYEE {required} LIFE INSURANCE

Basic \$5,000 Life Insurance	\$0.60 per month
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Yr 2026 DENTAL (MetLife) MONTHLY RATES

Employee Only	\$36.70
Employee + Spouse	\$70.36
Employee + Child(ren)	\$85.36
Family	\$133.94

Yr 2026 VISION (Ameritas) PLAN MONTHLY RATES

Employee Only	\$8.49
Employee + Spouse	\$13.59
Employee + Child(ren)	\$13.87
Family	\$22.36

OTHER BENEFITS OFFERED:

Employee Additional Life Insurance / Spouse and/or Dependent Life Insurance / Long Term Disability / Flexible Spending Reimbursement {Health Care & Dependent Day Care}