

Hope 1000 (Traditional Major Medical) *Dental/Vision is optional

FY2026

Department	Employee Contribution per Month					
		Health	Dental/Vision	Dependent	Total with D/V	Total without D/V
Coroner, State's Attorney (Elected Officials Only)	Employee Only	\$0.00	\$49.00	\$0.00	\$49.00	\$0.00
	Employee/Spouse	\$0.00	\$93.00	\$537.60	\$630.60	\$537.60
	Employee/Child	\$0.00	\$97.00	\$446.31	\$543.31	\$446.31
	Employee/Family	\$0.00	\$153.00	\$920.16	\$1,073.16	\$920.16

Sheriff, County Clerk, Circuit Clerk, Assessment, Treasurer (Elected Officials Only)		Health	Dental/Vision	Dependent	Total with D/V	Total without D/V
	Employee Only	\$104.00	\$49.00	\$0.00	\$153.00	\$104.00
	Employee/Spouse	\$104.00	\$93.00	\$636.60	\$833.60	\$740.60
	Employee/Child	\$104.00	\$97.00	\$545.31	\$746.31	\$649.31
	Employee/Family	\$104.00	\$153.00	\$1,019.16	\$1,276.16	\$1,123.16

AFSCME Circuit Clerk (if hired before May 2014)		Health	Dental/Vision	Dependent	Total with D/V	Total without D/V
	Employee Only	\$0.00	\$49.00	\$0.00	\$49.00	\$0.00
	Employee/Spouse	\$0.00	\$93.00	\$537.60	\$630.60	\$537.60
	Employee/Child	\$0.00	\$97.00	\$446.31	\$543.31	\$446.31
	Employee/Family	\$0.00	\$153.00	\$920.16	\$1,073.16	\$920.16

AFSCME Circuit Clerk (if hired after May 2014)		Health	Dental/Vision	Dependent	Total with D/V	Total without D/V
	Employee Only	\$53.60	\$49.00	\$0.00	\$102.60	\$53.60
	Employee/Spouse	\$53.60	\$93.00	\$586.22	\$732.82	\$639.82
	Employee/Child	\$53.60	\$97.00	\$494.93	\$645.53	\$548.53
	Employee/Family	\$53.60	\$153.00	\$968.78	\$1,175.38	\$1,022.38

FOP		Health	Dental/Vision	Dependent	Total with D/V	Total without D/V
	Employee Only	\$20.00	\$49.00	\$0.00	\$69.00	\$20.00
	Employee/Spouse	\$20.00	\$93.00	\$1,023.52	\$1,136.52	\$1,043.52
	Employee/Child	\$20.00	\$97.00	\$974.18	\$1,091.18	\$994.18
	Employee/Family	\$20.00	\$153.00	\$1,885.88	\$2,058.88	\$1,905.88

AFSCME Courthouse		Health	Dental/Vision	Dependent	Total with D/V	Total without D/V
	Employee Only	\$59.09	\$49.00	\$0.00	\$108.09	\$59.09
	Employee/Spouse	\$59.09	\$93.00	\$583.90	\$735.99	\$642.99
	Employee/Child	\$59.09	\$97.00	\$492.61	\$648.70	\$551.70
	Employee/Family	\$59.09	\$153.00	\$966.46	\$1,178.55	\$1,025.55

Courthouse Non-Bargaining		Health	Dental/Vision	Dependent	Total with D/V	Total without D/V
	Employee Only	\$86.00	\$49.00	\$0.00	\$135.00	\$86.00
	Employee/Spouse	\$86.00	\$93.00	\$623.60	\$802.60	\$709.60
	Employee/Child	\$86.00	\$97.00	\$532.31	\$715.31	\$618.31
	Employee/Family	\$86.00	\$153.00	\$1,006.16	\$1,245.16	\$1,092.16

AFSCME Ambulance		Health	Dental/Vision	Dependent	Total with D/V	Total without D/V
	Employee Only	\$60.00	\$49.00	\$0.00	\$109.00	\$60.00
	Employee/Spouse	\$60.00	\$93.00	\$592.60	\$745.60	\$652.60
	Employee/Child	\$60.00	\$97.00	\$501.31	\$658.31	\$561.31
	Employee/Family	\$60.00	\$153.00	\$975.16	\$1,188.16	\$1,035.16

Ambulance Non-Bargaining		Health	Dental/Vision	Dependent	Total with D/V	Total without D/V
	Employee Only	\$86.00	\$49.00	\$0.00	\$135.00	\$86.00
	Employee/Spouse	\$86.00	\$93.00	\$623.60	\$802.60	\$709.60
	Employee/Child	\$86.00	\$97.00	\$532.31	\$715.31	\$618.31
	Employee/Family	\$86.00	\$153.00	\$1,006.16	\$1,245.16	\$1,092.16

Health Department		Health	Dental/Vision	Dependent	Total with D/V	Total without D/V
	Employee Only	\$100.00	\$49.00	\$0.00	\$149.00	\$100.00
	Employee/Spouse	\$100.00	\$93.00	\$1,892.00	\$2,085.00	\$1,992.00
	Employee/Child	\$100.00	\$97.00	\$1,639.00	\$1,836.00	\$1,739.00
	Employee/Family	\$100.00	\$153.00	\$2,656.00	\$2,909.00	\$2,756.00

Highway Non-Bargaining		Health	Dental/Vision	Dependent	Total with D/V	Total without D/V
	Employee Only	\$60.00	\$49.00	\$0.00	\$109.00	\$60.00
	Employee/Spouse	\$60.00	\$93.00	\$592.60	\$745.60	\$652.60
	Employee/Child	\$60.00	\$97.00	\$501.31	\$658.31	\$561.31
	Employee/Family	\$60.00	\$153.00	\$975.16	\$1,188.16	\$1,035.16

Highway		Health	Dental/Vision	Dependent	Total with D/V	Total without D/V
	Employee Only	\$60.00	\$49.00	\$0.00	\$109.00	\$60.00
	Employee/Spouse	\$60.00	\$93.00	\$592.60	\$745.60	\$652.60
	Employee/Child	\$60.00	\$97.00	\$501.31	\$658.31	\$561.31
	Employee/Family	\$60.00	\$153.00	\$975.16	\$1,188.16	\$1,035.16

911		Health	Dental/Vision	Dependent	Total with D/V	Total without D/V
	Employee Only	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Employee/Spouse	\$0.00	\$44.00	\$516.90	\$560.90	\$516.90
	Employee/Child	\$0.00	\$48.00	\$429.20	\$477.20	\$429.20
	Employee/Family	\$0.00	\$104.00	\$884.52	\$988.52	\$884.52

HRP Plan		Health	Dental/Vision	Dependent	Total with D/V	Total without D/V
	Employee Only	\$0.00	\$49.00	\$0.00	\$49.00	\$0.00
	Employee/Spouse	\$0.00	\$93.00	\$0.00	\$93.00	\$0.00
	Employee/Child	\$0.00	\$97.00	\$0.00	\$97.00	\$0.00
	Employee/Family	\$0.00	\$153.00	\$0.00	\$153.00	\$0.00

* Contribution totals are employee totals per month

Hope 4000 (QHDHP) *Dental/Vision is optional

Department	Employee Contribution per Month					
		Health	Dental/Vision	Dependent	Total with D/V	Total without D/V
Coroner, State's Attorney (Elected Officials Only)	Employee Only	\$0.00	\$49.00	\$0.00	\$49.00	\$0.00
	Employee/Spouse	\$0.00	\$93.00	\$349.20	\$442.20	\$349.20
	Employee/Child	\$0.00	\$97.00	\$254.62	\$351.62	\$254.62
	Employee/Family	\$0.00	\$153.00	\$616.68	\$769.68	\$616.68

Sheriff, County Clerk, Circuit Clerk, Assessment, Treasurer (Elected Officials Only)		Health	Dental/Vision	Dependent	Total with D/V	Total without D/V
	Employee Only	\$104.00	\$49.00	\$0.00	\$153.00	\$104.00
	Employee/Spouse	\$104.00	\$93.00	\$448.20	\$645.20	\$552.20
	Employee/Child	\$104.00	\$97.00	\$353.62	\$554.62	\$457.62
	Employee/Family	\$104.00	\$153.00	\$715.68	\$972.68	\$819.68

AFSCME Circuit Clerk (if hired before May 2014)		Health	Dental/Vision	Dependent	Total with D/V	Total without D/V
	Employee Only	\$0.00	\$49.00	\$0.00	\$49.00	\$0.00
	Employee/Spouse	\$0.00	\$93.00	\$349.20	\$442.20	\$349.20
	Employee/Child	\$0.00	\$97.00	\$254.62	\$351.62	\$254.62
	Employee/Family	\$0.00	\$153.00	\$616.68	\$769.68	\$616.68

AFSCME Circuit Clerk (if hired after May 2014)		Health	Dental/Vision	Dependent	Total with D/V	Total without D/V
	Employee Only	\$53.60	\$49.00	\$0.00	\$102.60	\$53.60
	Employee/Spouse	\$53.60	\$93.00	\$397.82	\$544.42	\$451.42
	Employee/Child	\$53.60	\$97.00	\$303.24	\$453.84	\$356.84
	Employee/Family	\$53.60	\$153.00	\$665.30	\$871.90	\$718.90

FOP		Health	Dental/Vision	Dependent	Total with D/V	Total without D/V
	Employee Only	\$20.00	\$49.00	\$0.00	\$69.00	\$20.00
	Employee/Spouse	\$20.00	\$93.00	\$671.84	\$784.84	\$691.84
	Employee/Child	\$20.00	\$97.00	\$564.36	\$681.36	\$584.36
	Employee/Family	\$20.00	\$153.00	\$1,270.49	\$1,443.49	\$1,290.49

AFSCME Courthouse		Health	Dental/Vision	Dependent	Total with D/V	Total without D/V
	Employee Only	\$59.09	\$49.00	\$0.00	\$108.09	\$59.09
	Employee/Spouse	\$59.09	\$93.00	\$395.50	\$547.59	\$454.59
	Employee/Child	\$59.09	\$97.00	\$300.92	\$457.01	\$360.01
	Employee/Family	\$59.09	\$153.00	\$662.98	\$875.07	\$722.07

Courthouse Non-Bargaining		Health	Dental/Vision	Dependent	Total with D/V	Total without D/V
	Employee Only	\$70.00	\$49.00	\$0.00	\$119.00	\$70.00
	Employee/Spouse	\$70.00	\$93.00	\$419.20	\$582.20	\$489.20
	Employee/Child	\$70.00	\$97.00	\$324.62	\$491.62	\$394.62
	Employee/Family	\$70.00	\$153.00	\$686.68	\$909.68	\$756.68

AFSCME Ambulance		Health	Dental/Vision	Dependent	Total with D/V	Total without D/V
	Employee Only	\$60.00	\$49.00	\$0.00	\$109.00	\$60.00
	Employee/Spouse	\$60.00	\$93.00	\$404.20	\$557.20	\$464.20
	Employee/Child	\$60.00	\$97.00	\$309.62	\$466.62	\$369.62
	Employee/Family	\$60.00	\$153.00	\$671.68	\$884.68	\$731.68

Ambulance Non-Bargaining		Health	Dental/Vision	Dependent	Total with D/V	Total without D/V
	Employee Only	\$70.00	\$49.00	\$0.00	\$119.00	\$70.00
	Employee/Spouse	\$70.00	\$93.00	\$419.20	\$582.20	\$489.20
	Employee/Child	\$70.00	\$97.00	\$324.62	\$491.62	\$394.62
	Employee/Family	\$70.00	\$153.00	\$686.68	\$909.68	\$756.68

Health Department		Health	Dental/Vision	Dependent	Total with D/V	Total without D/V
	Employee Only	\$100.00	\$49.00	\$0.00	\$149.00	\$100.00
	Employee/Spouse	\$100.00	\$93.00	\$1,264.00	\$1,457.00	\$1,364.00
	Employee/Child	\$100.00	\$97.00	\$978.00	\$1,175.00	\$1,078.00
	Employee/Family	\$100.00	\$153.00	\$1,813.00	\$2,066.00	\$1,913.00

Highway Non-Bargaining		Health	Dental/Vision	Dependent	Total with D/V	Total without D/V
	Employee Only	\$50.00	\$49.00	\$0.00	\$99.00	\$50.00
	Employee/Spouse	\$50.00	\$93.00	\$394.20	\$537.20	\$444.20
	Employee/Child	\$50.00	\$97.00	\$299.62	\$446.62	\$349.62
	Employee/Family	\$50.00	\$153.00	\$661.68	\$864.68	\$711.68

Highway		Health	Dental/Vision	Dependent	Total with D/V	Total without D/V
	Employee Only	\$50.00	\$49.00	\$0.00	\$99.00	\$50.00
	Employee/Spouse	\$50.00	\$93.00	\$394.20	\$537.20	\$444.20
	Employee/Child	\$50.00	\$97.00	\$299.62	\$446.62	\$349.62
	Employee/Family	\$50.00	\$153.00	\$661.68	\$864.68	\$711.68

911		Health	Dental/Vision	Dependent	Total with D/V	Total without D/V
	Employee Only	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Employee/Spouse	\$0.00	\$44.00	\$405.70	\$449.70	\$405.70
	Employee/Child	\$0.00	\$48.00	\$314.76	\$362.76	\$314.76
	Employee/Family	\$0.00	\$104.00	\$662.92	\$766.92	\$662.92

HRP Plan		Health	Dental/Vision	Dependent	Total with D/V	Total without D/V
	Employee Only	\$0.00	\$49.00	\$0.00	\$49.00	\$0.00
	Employee/Spouse	\$0.00	\$93.00	\$0.00	\$93.00	\$0.00
	Employee/Child	\$0.00	\$97.00	\$0.00	\$97.00	\$0.00
	Employee/Family	\$0.00	\$153.00	\$0.00	\$153.00	\$0.00

* Contribution totals are employee totals per month