

Hope 1000 (Traditional Major Medical) *Dental/Vision is optional						FY2025	Hope 4000 (QHDHP) *Dental/Vision is optional						
Department		Employee Contribution per Month					Department		Employee Contribution per Month				
Coroner, State's Attorney (Elected Officials Only)		Health	Dental/Vision	Dependent	Total with D/V	Total without D/V	Coroner, State's Attorney (Elected Officials Only)		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 Only	\$0.00	\$49.00	\$0.00	\$49.00	\$0.00
	Employee/Spouse	\$0.00	\$93.00	\$537.60	\$630.60	\$537.60		Employee/Spouse	\$0.00	\$93.00	\$349.20	\$442.20	\$349.20
	Employee/Child	\$0.00	\$97.00	\$446.31	\$543.31	\$446.31		Employee/Child	\$0.00	\$97.00	\$254.62	\$351.62	\$254.62
	Employee/Family	\$0.00	\$153.00	\$920.16	\$1,073.16	\$920.16		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	Sheriff, County Clerk, Circuit Clerk, Assessment, Treasurer (Elected Officials Only)		Health	Dental/Vision	Dependent	Total with D/V	Total without D/V
	Employee Only	\$99.00	\$49.00	\$0.00	\$148.00	\$99.00		Employee Only	\$99.00	\$49.00	\$0.00	\$148.00	\$99.00
	Employee/Spouse	\$99.00	\$93.00	\$636.60	\$828.60	\$735.60		Employee/Spouse	\$99.00	\$448.20	\$640.20	\$547.20	
	Employee/Child	\$99.00	\$97.00	\$545.31	\$741.31	\$644.31		Employee/Child	\$99.00	\$97.00	\$353.62	\$549.62	\$452.62
	Employee/Family	\$99.00	\$153.00	\$1,019.16	\$1,271.16	\$1,118.16		Employee/Family	\$99.00	\$153.00	\$715.68	\$967.68	\$814.68
AFSCME Circuit Clerk (if hired before May 2014)		Health	Dental/Vision	Dependent	Total with D/V	Total without D/V	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 Only	\$0.00	\$49.00	\$0.00	\$49.00	\$0.00
	Employee/Spouse	\$0.00	\$93.00	\$537.60	\$630.60	\$537.60		Employee/Spouse	\$0.00	\$93.00	\$349.20	\$442.20	\$349.20
	Employee/Child	\$0.00	\$97.00	\$446.31	\$543.31	\$446.31		Employee/Child	\$0.00	\$97.00	\$254.62	\$351.62	\$254.62
	Employee/Family	\$0.00	\$153.00	\$920.16	\$1,073.16	\$920.16		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	AFSCME Circuit Clerk (if hired after May 2014)		Health	Dental/Vision	Dependent	Total with D/V	Total without D/V
	Employee Only	\$51.05	\$49.00	\$0.00	\$100.05	\$51.05		Employee Only	\$51.05	\$49.00	\$0.00	\$100.05	\$51.05
	Employee/Spouse	\$51.05	\$93.00	\$586.22	\$730.27	\$637.27		Employee/Spouse	\$51.05	\$397.82	\$541.87	\$448.87	
	Employee/Child	\$51.05	\$97.00	\$494.93	\$642.98	\$545.98		Employee/Child	\$51.05	\$97.00	\$303.24	\$451.29	\$354.29
	Employee/Family	\$51.05	\$153.00	\$968.78	\$1,172.83	\$1,019.83		Employee/Family	\$51.05	\$153.00	\$665.30	\$869.35	\$716.35
FOP		Health	Dental/Vision	Dependent	Total with D/V	Total without D/V	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 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/Spouse	\$20.00	\$671.84	\$784.84	\$691.84	
	Employee/Child	\$20.00	\$97.00	\$974.18	\$1,091.18	\$994.18		Employee/Child	\$20.00	\$97.00	\$564.36	\$681.36	\$584.36
	Employee/Family	\$20.00	\$153.00	\$1,885.88	\$2,058.88	\$1,905.88		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	AFSCME Courthouse		Health	Dental/Vision	Dependent	Total with D/V	Total without D/V
	Employee Only	\$46.30	\$49.00	\$0.00	\$95.30	\$46.30		Employee Only	\$46.30	\$49.00	\$0.00	\$95.30	\$46.30
	Employee/Spouse	\$46.30	\$93.00	\$583.90	\$723.20	\$630.20		Employee/Spouse	\$46.30	\$395.50	\$534.80	\$441.80	
	Employee/Child	\$46.30	\$97.00	\$492.61	\$635.91	\$538.91		Employee/Child	\$46.30	\$97.00	\$300.92	\$444.22	\$347.22
	Employee/Family	\$46.30	\$153.00	\$966.46	\$1,165.76	\$1,012.76		Employee/Family	\$46.30	\$153.00	\$662.98	\$862.28	\$709.28
Courthouse Non-Bargaining		Health	Dental/Vision	Dependent	Total with D/V	Total without D/V	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 Only	\$70.00	\$49.00	\$0.00	\$119.00	\$70.00
	Employee/Spouse	\$86.00	\$93.00	\$623.60	\$802.60	\$709.60		Employee/Spouse	\$70.00	\$93.00	\$419.20	\$582.20	\$489.20
	Employee/Child	\$86.00	\$97.00	\$532.31	\$715.31	\$618.31		Employee/Child	\$70.00	\$97.00	\$324.62	\$491.62	\$394.62
	Employee/Family	\$86.00	\$153.00	\$1,006.16	\$1,245.16	\$1,092.16		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	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 Only	\$60.00	\$49.00	\$0.00	\$109.00	\$60.00
	Employee/Spouse	\$60.00	\$93.00	\$592.60	\$745.60	\$652.60		Employee/Spouse	\$60.00	\$404.20	\$557.20	\$464.20	
	Employee/Child	\$60.00	\$97.00	\$501.31	\$658.31	\$561.31		Employee/Child	\$60.00	\$97.00	\$309.62	\$466.62	\$369.62
	Employee/Family	\$60.00	\$153.00	\$975.16	\$1,188.16	\$1,035.16		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	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 Only	\$70.00	\$49.00	\$0.00	\$119.00	\$70.00
	Employee/Spouse	\$86.00	\$93.00	\$623.60	\$802.60	\$709.60		Employee/Spouse	\$70.00	\$93.00	\$419.20	\$582.20	\$489.20
	Employee/Child	\$86.00	\$97.00	\$532.31	\$715.31	\$618.31		Employee/Child	\$70.00	\$97.00	\$324.62	\$491.62	\$394.62
	Employee/Family	\$86.00	\$153.00	\$1,006.16	\$1,245.16	\$1,092.16		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	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 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/Spouse	\$100.00	\$93.00	\$1,264.00	\$1,457.00	\$1,364.00
	Employee/Child	\$100.00	\$97.00	\$1,639.00	\$1,836.00	\$1,739.00		Employee/Child	\$100.00	\$97.00	\$978.00	\$1,175.00	\$1,078.00
	Employee/Family	\$100.00	\$153.00	\$2,656.00	\$2,909.00	\$2,756.00		Employee/Family	\$100.00	\$153.00	\$1,813.00	\$2,066.00	\$1,913.00
Highway		Health	Dental/Vision	Dependent	Total with D/V	Total without D/V	Highway		Health	Dental/Vision	Dependent	Total with D/V	Total without D/V
	Employee Only	\$45.00	\$49.00	\$0.00	\$94.00	\$45.00		Employee Only	\$45.00	\$49.00	\$0.00	\$94.00	\$45.00
	Employee/Spouse	\$45.00	\$93.00	\$592.60	\$745.60	\$652.60		Employee/Spouse	\$45.00	\$394.20	\$532.20	\$439.20	
	Employee/Child	\$45.00	\$97.00	\$501.31	\$658.31	\$561.31		Employee/Child	\$45.00	\$97.00	\$299.62	\$441.62	\$344.62
	Employee/Family	\$45.00	\$153.00	\$975.16	\$1,188.16	\$1,035.16		Employee/Family	\$45.00	\$153.00	\$661.68	\$859.68	\$706.68
911		Health	Dental/Vision	Dependent	Total with D/V	Total without D/V	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 Only	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Employee/Spouse	\$0.00	\$44.00	\$516.90	\$560.90	\$516.90		Employee/Spouse	\$0.00	\$44.00	\$405.70	\$449.70	\$405.70
	Employee/Child	\$0.00	\$48.00	\$429.20	\$477.20	\$429.20		Employee/Child	\$0.00	\$48.00	\$314.76	\$362.76	\$314.76
	Employee/Family	\$0.00	\$104.00	\$884.52	\$988.52	\$884.52		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	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 Only	\$0.00	\$49.00	\$0.00	\$49.00	\$0.00
	Employee/Spouse	\$0.00	\$93.00	\$0.00	\$93.00	\$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/Child	\$0.00	\$97.00	\$0.00	\$97.00	\$0.00
	Employee/Family	\$0.00	\$153.00	\$0.00	\$153.00	\$0.00		Employee/Family	\$0.00	\$153.00	\$0.00	\$153.00	\$0.00

* Contribution totals are employee totals per month

* Contribution totals are employee totals per month