

Hope 1000 (Traditional Major Medical) *Dental/Vision is optional **FY2024**

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	\$516.90	\$609.90	\$516.90
	Employee/Child	\$0.00	\$97.00	\$429.20	\$526.20	\$429.20
	Employee/Family	\$0.00	\$153.00	\$884.52	\$1,037.52	\$884.52

Department	Employee Contribution per Month					
	Health	Dental/Vision	Dependent	Total with D/V	Total without D/V	
Sheriff, County Clerk, Circuit Clerk, Assessment, Treasurer (Elected Officials Only)	Employee Only	\$99.00	\$49.00	\$0.00	\$148.00	\$99.00
	Employee/Spouse	\$99.00	\$93.00	\$615.90	\$807.90	\$714.90
	Employee/Child	\$99.00	\$97.00	\$528.20	\$724.20	\$627.20
	Employee/Family	\$99.00	\$153.00	\$983.52	\$1,235.52	\$1,082.52

Department	Employee Contribution per Month					
	Health	Dental/Vision	Dependent	Total with D/V	Total without D/V	
AFSCME Circuit Clerk (if hired before May 2014)	Employee Only	\$0.00	\$49.00	\$0.00	\$49.00	\$0.00
	Employee/Spouse	\$0.00	\$93.00	\$516.90	\$609.90	\$516.90
	Employee/Child	\$0.00	\$97.00	\$429.20	\$526.20	\$429.20
	Employee/Family	\$0.00	\$153.00	\$884.52	\$1,037.52	\$884.52

Department	Employee Contribution per Month					
	Health	Dental/Vision	Dependent	Total with D/V	Total without D/V	
AFSCME Circuit Clerk (if hired after May 2014)	Employee Only	\$48.62	\$49.00	\$0.00	\$97.62	\$48.62
	Employee/Spouse	\$48.62	\$93.00	\$565.52	\$707.14	\$614.14
	Employee/Child	\$48.62	\$97.00	\$477.82	\$623.44	\$526.44
	Employee/Family	\$48.62	\$153.00	\$933.14	\$1,134.76	\$981.76

Department	Employee Contribution per Month					
	Health	Dental/Vision	Dependent	Total with D/V	Total without D/V	
FOP	Employee Only	\$20.00	\$49.00	\$0.00	\$69.00	\$20.00
	Employee/Spouse	\$20.00	\$93.00	\$984.88	\$1,097.88	\$1,004.88
	Employee/Child	\$20.00	\$97.00	\$937.60	\$1,054.60	\$957.60
	Employee/Family	\$20.00	\$153.00	\$1,813.61	\$1,986.61	\$1,833.61

Department	Employee Contribution per Month					
	Health	Dental/Vision	Dependent	Total with D/V	Total without D/V	
AFSCME Courthouse	Employee Only	\$46.30	\$49.00	\$0.00	\$95.30	\$46.30
	Employee/Spouse	\$46.30	\$93.00	\$563.20	\$702.50	\$609.50
	Employee/Child	\$46.30	\$97.00	\$475.50	\$618.80	\$521.80
	Employee/Family	\$46.30	\$153.00	\$930.82	\$1,130.12	\$977.12

Department	Employee Contribution per Month					
	Health	Dental/Vision	Dependent	Total with D/V	Total without D/V	
Courthouse Non-Bargaining	Employee Only	\$86.00	\$49.00	\$0.00	\$135.00	\$86.00
	Employee/Spouse	\$86.00	\$93.00	\$602.90	\$781.90	\$688.90
	Employee/Child	\$86.00	\$97.00	\$515.20	\$698.20	\$601.20
	Employee/Family	\$86.00	\$153.00	\$970.52	\$1,209.52	\$1,056.52

Department	Employee Contribution per Month					
	Health	Dental/Vision	Dependent	Total with D/V	Total without D/V	
AFSCME Ambulance	Employee Only	\$55.00	\$49.00	\$0.00	\$104.00	\$55.00
	Employee/Spouse	\$55.00	\$93.00	\$571.90	\$719.90	\$626.90
	Employee/Child	\$55.00	\$97.00	\$484.20	\$636.20	\$539.20
	Employee/Family	\$55.00	\$153.00	\$939.52	\$1,147.52	\$994.52

Department	Employee Contribution per Month					
	Health	Dental/Vision	Dependent	Total with D/V	Total without D/V	
Ambulance Non-Bargaining	Employee Only	\$86.00	\$49.00	\$0.00	\$135.00	\$86.00
	Employee/Spouse	\$86.00	\$93.00	\$602.90	\$781.90	\$688.90
	Employee/Child	\$86.00	\$97.00	\$515.20	\$698.20	\$601.20
	Employee/Family	\$86.00	\$153.00	\$970.52	\$1,209.52	\$1,056.52

Department	Employee Contribution per Month					
	Health	Dental/Vision	Dependent	Total with D/V	Total without D/V	
Health Department	Employee Only	\$100.00	\$49.00	\$0.00	\$149.00	\$100.00
	Employee/Spouse	\$100.00	\$93.00	\$1,823.00	\$2,016.00	\$1,923.00
	Employee/Child	\$100.00	\$97.00	\$1,580.00	\$1,777.00	\$1,680.00
	Employee/Family	\$100.00	\$153.00	\$2,557.00	\$2,810.00	\$2,657.00

Department	Employee Contribution per Month					
	Health	Dental/Vision	Dependent	Total with D/V	Total without D/V	
Highway	Employee Only	\$55.00	\$49.00	\$0.00	\$104.00	\$55.00
	Employee/Spouse	\$55.00	\$93.00	\$571.90	\$719.90	\$626.90
	Employee/Child	\$55.00	\$97.00	\$484.20	\$636.20	\$539.20
	Employee/Family	\$55.00	\$153.00	\$939.52	\$1,147.52	\$994.52

Department	Employee Contribution per Month					
	Health	Dental/Vision	Dependent	Total with D/V	Total without D/V	
911	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

Department	Employee Contribution per Month					
	Health	Dental/Vision	Dependent	Total with D/V	Total without D/V	
ROE	Employee Only	\$530.00	\$49.00	\$0.00	\$579.00	\$530.00
	Employee/Spouse	\$530.00	\$93.00	\$1,049.90	\$1,672.90	\$1,579.90
	Employee/Child	\$530.00	\$97.00	\$959.20	\$1,586.20	\$1,489.20
	Employee/Family	\$530.00	\$153.00	\$1,414.52	\$2,097.52	\$1,944.52

Department	Employee Contribution per Month					
	Health	Dental/Vision	Dependent	Total with D/V	Total without D/V	
HRP Plan	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	\$335.70	\$428.70	\$335.70
	Employee/Child	\$0.00	\$97.00	\$244.76	\$341.76	\$244.76
	Employee/Family	\$0.00	\$153.00	\$592.92	\$745.92	\$592.92

Department	Employee Contribution per Month					
	Health	Dental/Vision	Dependent	Total with D/V	Total without D/V	
Sheriff, County Clerk, Circuit Clerk, Assessment, Treasurer (Elected Officials Only)	Employee Only	\$99.00	\$49.00	\$0.00	\$148.00	\$99.00
	Employee/Spouse	\$99.00	\$93.00	\$434.70	\$626.70	\$533.70
	Employee/Child	\$99.00	\$97.00	\$343.76	\$539.76	\$442.76
	Employee/Family	\$99.00	\$153.00	\$691.92	\$943.92	\$790.92

Department	Employee Contribution per Month					
	Health	Dental/Vision	Dependent	Total with D/V	Total without D/V	
AFSCME Circuit Clerk (if hired before May 2014)	Employee Only	\$0.00	\$49.00	\$0.00	\$49.00	\$0.00
	Employee/Spouse	\$0.00	\$93.00	\$335.70	\$428.70	\$335.70
	Employee/Child	\$0.00	\$97.00	\$244.76	\$341.76	\$244.76
	Employee/Family	\$0.00	\$153.00	\$592.92	\$745.92	\$592.92

Department	Employee Contribution per Month					
	Health	Dental/Vision	Dependent	Total with D/V	Total without D/V	
AFSCME Circuit Clerk (if hired after May 2014)	Employee Only	\$48.62	\$49.00	\$0.00	\$97.62	\$48.62
	Employee/Spouse	\$48.62	\$93.00	\$384.32	\$525.94	\$432.94
	Employee/Child	\$48.62	\$97.00	\$293.38	\$439.00	\$342.00
	Employee/Family	\$48.62	\$153.00	\$641.54	\$843.16	\$690.16

Department	Employee Contribution per Month					
	Health	Dental/Vision	Dependent	Total with D/V	Total without D/V	
FOP	Employee Only	\$20.00	\$49.00	\$0.00	\$69.00	\$20.00
	Employee/Spouse	\$20.00	\$93.00	\$646.64	\$759.64	\$666.64
	Employee/Child	\$20.00	\$97.00	\$543.28	\$660.28	\$563.28
	Employee/Family	\$20.00	\$153.00	\$1,223.31	\$1,395.31	\$1,242.31

Department	Employee Contribution per Month					
	Health	Dental/Vision	Dependent	Total with D/V	Total without D/V	
AFSCME Courthouse	Employee Only	\$46.30	\$49.00	\$0.00	\$95.30	\$46.30
	Employee/Spouse	\$46.30	\$93.00	\$382.00	\$521.30	\$428.30
	Employee/Child	\$46.30	\$97.00	\$291.06	\$434.36	\$337.36
	Employee/Family	\$46.30	\$153.00	\$639.22	\$838.52	\$685.52

Department	Employee Contribution per Month					
	Health	Dental/Vision	Dependent	Total with D/V	Total without D/V	
Courthouse Non-Bargaining	Employee Only	\$70.00	\$49.00	\$0.00	\$119.00	\$70.00
	Employee/Spouse	\$70.00	\$93.00	\$405.70	\$568.70	\$475.70
	Employee/Child	\$70.00	\$97.00	\$314.76	\$481.76	\$384.76
	Employee/Family	\$70.00	\$153.00	\$662.92	\$885.92	\$732.92

Department	Employee Contribution per Month					
	Health	Dental/Vision	Dependent	Total with D/V	Total without D/V	
AFSCME Ambulance	Employee Only	\$55.00	\$49.00	\$0.00	\$104.00	\$55.00
	Employee/Spouse	\$55.00	\$93.00	\$390.70	\$538.70	\$445.70
	Employee/Child	\$55.00	\$97.00	\$299.76	\$451.76	\$354.76
	Employee/Family	\$55.00	\$153.00	\$647.92	\$855.92	\$702.92

Department	Employee Contribution per Month					
	Health	Dental/Vision	Dependent	Total with D/V	Total without D/V	
Ambulance Non-Bargaining	Employee Only	\$70.00	\$49.00	\$0.00	\$119.00	\$70.00
	Employee/Spouse	\$70.00	\$93.00	\$405.70	\$568.70	\$475.70
	Employee/Child	\$70.00	\$97.00	\$314.76	\$481.76	\$384.76
	Employee/Family	\$70.00	\$153.00	\$662.92	\$885.92	\$732.92

Department	Employee Contribution per Month					
	Health	Dental/Vision	Dependent	Total with D/V	Total without D/V	
Health Department	Employee Only	\$100.00	\$49.00	\$0.00	\$149.00	\$100.00
	Employee/Spouse	\$100.00	\$93.00	\$1,219.00	\$1,412.00	\$1,319.00
	Employee/Child	\$100.00	\$97.00	\$944.00	\$1,141.00	\$1,044.00
	Employee/Family	\$100.00	\$153.00	\$1,747.00	\$2,000.00	\$1,847.00

Department	Employee Contribution per Month					
	Health	Dental/Vision	Dependent	Total with D/V	Total without D/V	
Highway	Employee Only	\$45.00	\$49.00	\$0.00	\$94.00	\$45.00
	Employee/Spouse	\$45.00	\$93.00	\$380.70	\$518.70	\$425.70
	Employee/Child	\$45.00	\$97.00	\$289.76	\$431.76	\$334.76
	Employee/Family	\$45.00	\$153.00	\$637.92	\$835.92	\$682.92

Department	Employee Contribution per Month					
	Health	Dental/Vision	Dependent	Total with D/V	Total without D/V	
911	Employee Only	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Employee/Spouse	\$0.00	\$44.00	\$629.70	\$673.70	\$629.70
	Employee/Child	\$0.00	\$48.00	\$478.14	\$526.14	\$478.14
	Employee/Family	\$0.00	\$104.00	\$935.64	\$1,039.64	\$935.64

Department	Employee Contribution per Month					
	Health	Dental/Vision	Dependent	Total with D/V	Total without D/V	
ROE	Employee Only	\$0.00	\$49.00	\$0.00	\$49.00	\$0.00
	Employee/Spouse	\$0.00	\$93.00	\$335.70	\$428.70	\$335.70
	Employee/Child	\$0.00	\$97.00	\$244.76	\$341.76	\$244.76
	Employee/Family	\$0.00	\$153.00	\$592.92	\$745.92	\$592.92