

# Pennington County 2025 Bi-weekly Health Care Premiums

Health Insurance Premiums			
Traditional Preferred Provider Organization Plan (PPO)			
Type of Coverage	Employee Portion	Employer Portion	Total Premium
Single	\$63.93	\$279.26	\$343.19
Employee + 1	\$197.36	\$452.18	\$649.54
Family	\$382.37	\$652.36	\$1034.73
High Deductible Health Plan (HDHP)			
Type of Coverage	Employee Portion	Employer Portion	Total Premium
Single	\$35.89	\$182.92	\$218.81
Employee + 1	\$115.96	\$301.01	\$416.97
Family	\$226.29	\$438.39	\$664.68

Delta Dental Premiums			
Type of Coverage	Employee Portion	Employer Portion	Total Premium
Single	\$5.01	\$16.10	\$21.11
Employee + 1	\$20.35	\$21.14	\$41.49
Family	\$26.72	\$28.84	\$55.56

EyeMed Vision Plan Premiums		
Type of Coverage	Materials Only	Exam and Materials
Single	\$7.04	\$10.93
Employee + 1	\$13.38	\$20.77
Family	\$19.64	\$30.49

- Premiums highlighted in **RED** are what you pay.
- Premiums for health and dental insurance are deducted from the 1<sup>st</sup> and 2<sup>nd</sup> pay checks of every month.
- Premiums for supplemental vision insurance are deducted from the 1<sup>st</sup> pay check every month only.
- All premiums are deducted 1 month in advance. Meaning the premiums deducted this month are for next month's insurance coverage.