

SAN PATRICIO CO. MEDICAL, DENTAL, AND LIFE INSURANCE
2026 RATES

MEDICAL

	EMPLOYEE MTHLY PREMIUM	PER PAY	SPOUSE CARVEOUT PREMIUM	PER PAY	MONTHLY EMPLOYER CONTRIBUTION	YEARLY EMPLOYER CONTRIBUTION
EMPLOYEE ONLY	\$20.00	\$10.00	\$20.00	\$10.00	\$637.00	\$7,644.00
EMPLOYEE/SPOUSE	\$414.00	\$207.00	\$514.00	\$257.00	\$854.00	\$10,248.00
EMPLOYEE/CHLD(REN)	\$356.00	\$178.00	\$356.00	\$178.00	\$854.00	\$10,248.00
EMPLOYEE/FAMILY	\$696.00	\$348.00	\$796.00	\$398.00	\$1,168.00	\$14,016.00

DENTAL - OPTIONAL PLAN FULLY PAID BY EMPLOYEE

EMPLOYEE ONLY	\$33.00	\$16.50				
EMPLOYEE/SPOUSE	\$63.00	\$31.50				
EMPLOYEE/CHILD/REN	\$56.00	\$28.00				
EMPLOYEE/FAMILY	\$84.00	\$42.00				

LIFE

SUPPLEMENTAL RATES

COUNTY FUNDED

PAID BY EMPLOYEE

12,000 - LIFE	\$2.02	29 /UNDER	\$.05/\$1,000			
12,000 - AD&D	\$0.32	30-34	\$.08/\$1,000			
	\$2.34	35-39	\$.09/\$1,000			
		40-44	\$.14/\$1,000			
		45-49	\$.25/\$1,000			
		50-54	\$.41/\$1,000			
		55-59	\$.83/\$1,000			
		60-64	\$.88/\$1,000			
		65-69	\$1.54/\$1,000			
		70-74	\$2.19/\$1,000			
		75+	\$3.65/\$1,000			

9/29/2025