

**Insurance Rate Sheet**  
***For Missoula County Employees ONLY***

Coverages available: employee only, employee & child(ren), employee & spouse/domestic partner, and family (covers employee, spouse/domestic partner, & child(ren)).

Following are Missoula County **EMPLOYEE rates** deducted in each 2-week pay period for Health and Dental and deducted monthly from the second pay-period of the month for Optical.

Rates effective 07/01/2024

Employee Status	Employee/ Single	Employee/ child(ren)	Employee/ spouse/partner	Family
<b>Health</b>				
26 to 40 hours/week	0.00	117.70	153.00	270.93
20 to <26 hours/week	174.22	350.78	403.73	580.62
<b>Dental</b>				
26 to 40 hours/week	0.00	28.61	15.23	44.30
20 to <26 hours/week	9.92	38.53	25.15	54.22
<b>Optical</b>	12.50	23.00	23.60	34.10