You and Polk County share the cost of your medical, dental, and vision benefits. Polk County pays a generous portion of the total cost and you pay the remainder. The amount you pay is deducted from your paycheck on a pre-tax basis. Your specific cost is determined by the plan you choose and the coverage level you select

Health Insurance

Benefit Group	Employee Only Per Pay Period	Employee + Family Per Pay Period
Teamsters	$47.84	$119.60
AFSCME	$39.86	$99.66
Non-Bargaining Includes Elected Officials, Department Heads, Management, Excluded, Conservation & Assessor employees	$39.86	$99.66

Dental Insurance

Benefit Group	Employee Only Per Pay Period	Employee + Family Per Pay Period
Teamsters	$2.00	$5.42
AFSCME	$1.66	$4.52
Non-Bargaining Includes Elected Officials, Department Heads, Management, Excluded, Conservation & Assessor employees	$1.66	$4.52

Vision Insurance

Benefit Group	Employee Only Per Pay Period	Employee + Family Per Pay Period
Teamsters	$0.22	$0.64
AFSCME	$0.18	$0.52
Non-Bargaining Includes Elected Officials, Department Heads, Management, Excluded, Conservation & Assessor employees	$0.18	$0.52

INSURANCE PREMIUMS