HUNT COUNTY INSURANCE

BENEFIT YEAR: OCTOBER 1, 2025 – SEPTEMBER 30, 2026

UNITED HEALTHCARE

MEDICAL COVERAGE

ELECTION	MONTHLY AMOUNT	BI-WEEKLY DEDUCTION
MEDICAL		
***EMPLOYEE ONLY**	**$1340.00**	**Employer paid**
CHILD	**$156.22**	**$78.11**
CHILDREN	**$420.08**	**$210.04**
SPOUSE	**$1144.58**	**$572.29**
FAMILY	**$1187.08**	**$593.54**

EMPLOYER PAID

PACIFIC LIFE

DENTAL COVERAGE

ELECTION	MONTHLY AMOUNT	BI-WEEKLY DEDUCTION
DENTAL		
***EMPLOYEE ONLY**	**$39.14**	**Employer paid**
FAMILY	**$62.66**	**$31.33**

EMPLOYER PAID

PACIFIC LIFE

VISION COVERAGE

ELECTION	MONTHLY AMOUNT	BI-WEEKLY DEDUCTION
VISION		
EMPLOYEE ONLY	**$5.00**	**$2.50**
EMPLOYEE + SPOUSE	**$9.50**	**$4.75**
EMPLOYEE + CHILD*(REN)*	**$10.00**	**$5.00**
EMPLOYEE + FAMILY	**$14.72**	**$7.36**