



## 7/1/2025 - 6/30/2026 Benefit Rates Lyon County

	CIGNA					
	ER Cost	PPO \$750		ER Cost	PPO \$2,500	
	Month	EE/PP*	EE/Month	Month	EE/PP*	EE/Month
Employee Only	\$ 1,028.57	\$ -	\$ -	\$ 872.21	\$ -	\$ -
Employee + Spouse	\$ 1,449.81	\$ 210.61	\$ 421.22	\$ 1,449.81	\$ 68.35	\$ 136.70
Employee + Child(ren)	\$ 1,335.61	\$ 153.51	\$ 307.02	\$ 1,335.61	\$ 28.64	\$ 57.28
Employee + Family	\$ 1,824.19	\$ 397.81	\$ 795.62	\$ 1,824.19	\$ 198.63	\$ 397.26

	Dental (Guardian)		
	ER/Month	EE/PP*	EE/Month
Employee Only	\$ 40.36	\$ -	\$ -
Employee + Spouse	\$ 40.36	\$ 20.55	\$ 41.10
Employee + Child(ren)	\$ 40.36	\$ 17.76	\$ 35.52
Employee + Family	\$ 40.36	\$ 41.60	\$ 83.20

	Vision (VSP)		
	ER/Month	EE/PP*	EE/Month
Employee Only	\$ 5.88	\$ -	\$ -
Employee + Spouse	\$ 5.88	\$ 1.77	\$ 3.54
Employee + Child(ren)	\$ 5.88	\$ 1.87	\$ 3.74
Employee + Family	\$ 5.88	\$ 5.01	\$ 10.02

	Basic Life Insurance Non-Sworn (EE benefit \$10,000)	
	ER/Month	EE/Month
Employee Only	\$ 2.60	\$ -
Voluntary Employee		banded
Family (10,000/vol)		\$ 1.75

	Basic Life Insurance Sworn (EE benefit \$50,000)	
	ER/Month	EE/Month
Employee Only	\$ 13.00	\$ -
Voluntary Employee		banded
Family (10,000/vol)		\$ 1.75

\*First and second paydays each month. For Medical County pays 100% employee coverage plus 50% spouse/dependent.

For Dental, Vision County pays 100% of employee only and 0% for spouse/dependent coverage.

\*Employee deductions are taken the first two pay periods (PP) of each month. Employee deductions are pretax.