



Kaufman County Insurance Rates 2025-2026

Health Insurance

Health Plan	Monthly Cost	Cost Per Pay Period
*Employee Only	\$0.00**	\$0.00**
Employee & Spouse	\$901.36	\$450.68
Employee & Child	\$274.92	\$137.46
Employee & Children	\$501.28	\$250.64
Employee & Family	\$1,003.42	\$501.71
<i>* Employee Only premiums are paid through Kaufman County Group Health Insurance.</i>		

Dental Insurance

Dental Plan	Monthly Cost	Cost Per Pay Period
Employee Only	\$31.52	\$15.76
Employee & Spouse	\$62.22	\$31.11
Employee & Child(ren)	\$68.84	\$34.42
Employee & Family	\$101.78	\$50.89

Vision Insurance

Vision Costs	Monthly	Per Pay Period
Employee Only	\$4.82	\$2.41
Employee & Spouse	\$8.16	\$4.08
Employee & Child(ren)	\$8.65	\$4.33
Employee & Family	\$12.98	\$6.49

Voluntary Life / AD&D Insurance

The employee must be enrolled in a minimum of \$10,000 in order to have Supplemental Spouse and/or Dependent Life Insurance. All rates are based on the Employee's age.

$$\text{\$} \underline{\hspace{2cm}} \times \underline{\hspace{2cm}} \div \text{\$}1,000 = \underline{\hspace{2cm}} \div 2 = \underline{\hspace{2cm}}$$

(Amount of coverage) (Rate factor by age-see below) monthly deduction per pay period

AGE RATED PREMIUMS (Rates based on Employee)	Employee (Rate Per \$1,000)
Life/AD&D Rate: Up to 24	\$0.08
25-29	\$0.08
30-34	\$0.08
35-39	\$0.011
40-44	\$0.16
45-49	\$0.23
50-54	\$0.41
55-59	\$0.63
60-64	\$0.70
65-69	\$1.22
70-74	\$3.02
75-79	\$7.75
80+	\$15.53
Child Life Rate (\$10,000)	\$2.03

Long-Term Disability Insurance

Long Term Disability benefit is equivalent to 60% of your monthly earnings up to a maximum monthly benefit of \$6,000. Elimination period of 90 days. Maximum benefit duration is the later of age 65 or Social Security Normal Retirement Age (SSNRA).

$$\text{\$} \underline{\hspace{2cm}} \div 12 = \underline{\hspace{2cm}} \div \text{\$}100 = \underline{\hspace{2cm}} \times \underline{\hspace{2cm}} = \underline{\hspace{2cm}} \div 2 = \underline{\hspace{2cm}}$$

(Base Annual Salary) monthly salary (rate factor) monthly cost per pay period

AGE RATED PREMIUMS	Rate (per \$100 of Base Monthly Salary)
< 30	0.15
30-34	0.25
35-39	0.43
40-44	0.65
45-49	0.92
50-54	1.18
55-59	1.50
60-64	1.26
65-69	0.98
70-74	0.86
75-99	0.86