

McDonald County

2025 Employee Benefits Renewal

Monthly Rates

Plan Year Dates: **1/1/25 - 12/31/25**

Instructions:

- 1) All eligible employees required to complete and sign - even if waiving coverage.
- 2) Check only one plan option per insurance type.
- 3) Sign and return by the open enrollment end date.

Dental Insurance -

MetLife

	Employee Premium
Employee Only	\$ 26.87
Employee/Spouse	\$ 54.97
Employee/Child(ren)	\$ 64.59
Employee/Family	\$ 100.25
Waive	

Vision Insurance -

MetLife

	Employee Premium
Employee Only	\$ 9.34
Employee/Spouse	\$ 18.71
Employee/Child(ren)	\$ 15.84
Employee/Family	\$ 26.12
Waive	

Supplemental Life AD&D -

MetLife

	Employee Premium
See Benefit Booklet for rates	
Waive	

Short Term Disability -

MetLife

	Employee Premium
See Benefit Booklet for rates	
Waive	

I understand, by signing below, that the elections indicated above will be the coverage that I will receive until December 31, 2025 and are pre-tax deductions. The coverage cannot be changed mid-plan year unless I have a qualifying event.

Employee Signature

Date

Employee Name (print)