

**2024 BI-WEEKLY MEDICAL AND DENTAL
DEDUCTION RATES FOR ELIGIBLE EMPLOYEES**

Plan	Persons Covered	Premium Costs			Federation of Social Workers		
		Annual	Monthly	COBRA	Hired Before 2016	Hired on or after 1/1/16	48 hour Employees
Base Plan Value 2* pkg. #0068 Code: ATC	Single	\$9,551.76	\$795.98	\$811.90	\$47.76	\$91.54	\$199.00
	Sponsor Two Person	\$22,039.44	\$1,836.62	\$1,873.35	\$110.20	\$211.21	\$459.16
	Family	\$25,421.04	\$2,118.42	\$2,160.79	\$127.11	\$243.62	\$529.61
	Family No Spouse	\$24,145.56	\$2,012.13	\$2,052.37	\$120.73	\$231.39	\$503.03
Buy-up Select 1 pkg# 0066 Code DH	Single	\$10,113.84	\$842.82	\$859.68	\$71.18		
	Sponsor Two Person	\$23,335.80	\$1,944.65	\$1,983.54	\$164.21		
	Family	\$26,916.72	\$2,243.06	\$2,287.92	\$189.43		
	Family No Spouse	\$25,566.12	\$2,130.51	\$2,173.12	\$179.92		
Signature Deduct** with \$500/\$1000 HSA Account pkg. #0069 Code DAG	Single	\$7,500.60	\$625.05	\$637.55	\$25.00	\$25.00	
	Sponsor Two Person	\$17,276.40	\$1,439.70	\$1,468.49	\$50.00	\$50.00	
	Family	\$19,908.48	\$1,659.04	\$1,692.22	\$50.00	\$50.00	
	Family No Spouse	\$18,925.20	\$1,577.10	\$1,608.64	\$50.00	\$50.00	
AMV** HDHP	Single	\$3,609.12	\$476.11	\$485.63	\$10.00	\$10.00	
	Family No Spouse	\$9,106.08	\$1,201.28	\$1,225.31	\$248.11	\$248.11	
Dental	Single	\$445.20	\$37.10	\$37.84	\$0.33	\$0.33	
	Family	\$954.00	\$79.50	\$81.09	\$0.82	\$0.82	

* Value 2 has a \$10/\$30/\$50 Rx benefit. All other benefits are the same as Value.

** Signature Deductible is a HDHP that comes with County funded \$500/\$1000 HSA for out-of-pocket expenses.

*** AMV (Affordable Minimum Value) is a \$6,000/\$12,000 HDHP plan offered in compliance with HCR employer mandates.

