

2024 BI-WEEKLY MEDICAL AND DENTAL DEDUCTION RATES					
Plan	Person(s) Covered	Premium Cost			PBA
		Annual	Monthly	COBRA	All Unit Members
Base Plan Value 2* pkg. #0068 Code: ATC	Single	\$9,551.76	\$795.98	\$811.90	\$77.58
	Sponsor Two Person	\$22,039.44	\$1,836.62	\$1,873.35	\$179.01
	Family	\$25,421.04	\$2,118.42	\$2,160.79	\$206.48
	Family No Spouse	\$24,145.56	\$2,012.13	\$2,052.37	\$196.12
Signature Deduct** with \$500/\$1000 HSA Account pkg. #0069 Code: DAG	Single	\$7,500.60	\$625.05	\$637.55	\$25.00
	Sponsor Two Person	\$17,276.40	\$1,439.70	\$1,468.49	\$50.00
	Family	\$19,908.48	\$1,659.04	\$1,692.22	\$50.00
	Family No Spouse	\$18,925.20	\$1,577.10	\$1,608.64	\$50.00
AMV*** HDHP	Single	\$3,609.12	\$476.11	\$485.63	\$10.00
	Family No Spouse	\$9,106.08	\$1,201.28	\$1,225.31	\$248.11
Dental	Single	\$445.20	\$37.10	\$37.84	\$0.33
	Family	\$954.00	\$79.50	\$81.09	\$0.82

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

** Signature Deductible is an 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.