

**2024 BI-WEEKLY MEDICAL AND DENTAL  
DEDUCTION RATES FOR DEPARTMENT HEADS AND M&P**

Plan	Persons Covered	Premium Cost			M&P	
		Annual	Monthly	COBRA	CAT 1 Hired before 1/1/06	CAT 2 Hired on or after 1/1/06
<b>Simply Blue PPO Copay pkg. #0180</b>  Code: CGY	Single	\$9,551.76	\$795.98	\$811.90	\$59.70	\$99.50
	Sponsor Two Person	\$22,039.44	\$1,836.62	\$1,873.35	\$137.75	\$229.58
	Family	\$25,420.92	\$2,118.41	\$2,160.78	\$158.88	\$264.80
	Family No Spouse	\$24,145.68	\$2,012.14	\$2,052.38	\$150.91	\$251.52
<b>Simply Blue PPO Health Savings Account*</b> pkg. #0181  Code: CGZ	Single	\$7,464.48	\$622.04	\$634.48	\$31.10	\$77.76
	Sponsor Two Person	\$17,193.36	\$1,432.78	\$1,461.44	\$71.64	\$179.10
	Family	\$19,812.72	\$1,651.06	\$1,684.08	\$82.55	\$206.38
	Family No Spouse	\$18,834.24	\$1,569.52	\$1,600.91	\$78.48	\$196.19
<b>AMV** HDHP</b>	Single	\$5,713.32	\$476.11	\$485.63	\$10.00	\$10.00
	Family No Spouse	\$14,415.36	\$1,201.28	\$1,225.31	\$248.11	\$248.11
<b>Dental</b>	Single	\$445.20	\$37.10	\$37.84	\$0.33	\$0.33
	Family	\$954.00	\$79.50	\$81.09	\$0.82	\$0.82

\* County funds \$900 towards the Single Deductible or \$2500 towards the Family Deductible for the Health Savings

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