

**2020 BI-WEEKLY MEDICAL AND DENTAL
DEDUCTION RATES FOR ELIGIBLE EMPLOYEES**

		Premium Costs			CSEA and M&C		
Plan	Persons Covered	Annual	Monthly	COBRA	CAT 1 Hired Before 4/15/05	CAT 2 Hired 4/15/05 - 9/30/12	CAT 3 Hired on or after 10/1/12
Core Plan Value 2 pkg. #068	Single	\$7,859.64	\$654.97	\$668.07	\$39.30	\$58.95	\$75.32
	Sponsor Two Person	\$18,135.24	\$1,511.27	\$1,541.50	\$90.68	\$136.01	\$173.80
Code ATC	Family	\$20,917.68	\$1,743.14	\$1,778.00	\$104.59	\$156.88	\$200.46
	Family No Spouse	\$19,868.28	\$1,655.69	\$1,688.80	\$99.34	\$149.01	\$190.40
Buy-up Select 1 pkg# 066	Single	\$8,322.12	\$693.51	\$707.38	\$58.57	\$78.22	
	Sponsor Two Person	\$19,201.92	\$1,600.16	\$1,632.16	\$135.12	\$180.46	
Code DH	Family	\$22,148.52	\$1,845.71	\$1,882.62	\$155.87	\$208.17	
	Family No Spouse	\$21,037.08	\$1,753.09	\$1,788.15	\$148.04	\$197.71	
Select 2 pkg# 064	Single	\$7,792.20	\$649.35	\$662.34	\$39.30	\$58.95	
	Sponsor Two Person	\$17,979.84	\$1,498.32	\$1,528.29	\$90.68	\$136.01	
Code DF	Family	\$20,738.28	\$1,728.19	\$1,762.75	\$104.59	\$156.88	
	Family No Spouse	\$19,697.88	\$1,641.49	\$1,674.32	\$99.34	\$149.01	
Signature Deduct* with \$500/\$1000 HSA Account	Single	\$6,171.84	\$514.32	\$524.61	\$25.00	\$25.00	\$25.00
	Sponsor Two Person	\$14,215.92	\$1,184.66	\$1,208.35	\$50.00	\$50.00	\$50.00
Code DAG	Family	\$16,381.68	\$1,365.14	\$1,392.44	\$50.00	\$50.00	\$50.00
	Family No Spouse	\$15,572.64	\$1,297.72	\$1,323.67	\$50.00	\$50.00	\$50.00
Obamacare AMV** HDHP	Single	\$3,609.12	\$391.76	\$399.60	\$10.00	\$10.00	\$10.00
	Family No Spouse	\$9,106.08	\$988.48	\$1,008.25	\$248.11	\$248.11	\$248.11
Dental	Single	\$445.20	\$37.10	\$37.84	\$0.33	\$0.33	\$0.33
	Family	\$954.00	\$79.50	\$81.09	\$0.82	\$0.82	\$0.82

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

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