

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

		Premium Costs			Federation of Social Workers		
Plan	Persons Covered	Annual	Monthly	COBRA	CAT 1 & 2 Hired Before 2016	CAT 3 Hired on or after 1/1/16	48 hour Employees
<b>Core Plan Value 2 pkg# 068</b>	Single	\$7,859.64	\$654.97	\$668.07	\$22.92	\$68.77	\$163.74
	Sponsor Two Person	\$18,135.24	\$1,511.27	\$1,541.50	\$52.89	\$158.68	\$377.82
	Family	\$20,917.68	\$1,743.14	\$1,778.00	\$61.01	\$183.03	\$435.79
	Family No Spouse	\$19,868.28	\$1,655.69	\$1,688.80	\$57.95	\$173.85	\$413.92
<b>Buy-up Select 1 pkg# 066</b>	Single	\$8,322.12	\$693.51	\$707.38	\$42.19		
	Sponsor Two Person	\$19,201.92	\$1,600.16	\$1,632.16	\$97.34		
	Family	\$22,148.52	\$1,845.71	\$1,882.62	\$112.29		
	Family No Spouse	\$21,037.08	\$1,753.09	\$1,788.15	\$106.65		
<b>Signature Deduct* with \$500/\$1000 HSA Account</b>	Single	\$6,171.84	\$514.32	\$524.61	\$25.00	\$25.00	
	Sponsor Two Person	\$14,215.92	\$1,184.66	\$1,208.35	\$50.00	\$50.00	
	Family	\$16,381.68	\$1,365.14	\$1,392.44	\$50.00	\$50.00	
	Family No Spouse	\$15,572.64	\$1,297.72	\$1,323.67	\$50.00	\$50.00	
<b>Obamacare AMV** HDHP</b>	Single	\$3,609.12	\$391.76	\$399.60	\$10.00	\$10.00	
	Family No Spouse	\$9,106.08	\$988.48	\$1,008.25	\$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	

\* 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.