

2020 BI-WEEKLY MEDICAL AND DENTAL DEDUCTION RATES

Plan	Person(s) Covered	Premium Cost			IUOE		
		Annual	Monthly	COBRA	CAT 1 Hired before 1/1/2009	CAT 2 Hired on or after 1/1/2009	CAT 3 Hired on or after 5/1/2017
Core Plan Value 2 pkg. #068 Code: ATC	Single	\$7,859.64	\$654.97	\$668.07	\$52.40	\$62.22	\$75.32
	Sponsor Two Person	\$18,135.24	\$1,511.27	\$1,541.50	\$120.90	\$143.57	\$173.80
	Family	\$20,917.68	\$1,743.14	\$1,778.00	\$139.45	\$165.60	\$200.46
	Family No Spouse	\$19,868.28	\$1,655.69	\$1,688.80	\$132.46	\$157.29	\$190.40
Signature Deduct* with \$500/\$1000 HSA Account Code DAG	Single	\$5,243.28	\$514.32	\$445.68	\$25.00	\$25.00	\$25.00
	Sponsor Two Person	\$12,076.80	\$1,184.66	\$1,026.53	\$50.00	\$50.00	\$50.00
	Family	\$13,916.76	\$1,365.14	\$1,182.92	\$50.00	\$50.00	\$50.00
	Family No Spouse	\$13,229.40	\$1,297.72	\$1,124.50	\$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

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