

2020 BI-WEEKLY MEDICAL AND DENTAL DEDUCTION RATES					
Plan	Person(s) Covered	Premium Cost			PBA
		Annual	Monthly	COBRA	All Unit Members
<b>Core Plan Value 2 pkg. #068</b>  <b>Code: ATC</b>	Single	\$7,859.64	\$654.97	\$668.07	\$65.50
	Sponsor Two Person	\$18,135.24	\$1,511.27	\$1,541.50	\$151.13
	Family	\$20,917.68	\$1,743.14	\$1,778.00	\$174.31
	Family No Spouse	\$19,868.28	\$1,655.69	\$1,688.80	\$165.57
<b>Signature Deduct* with \$500/\$1000 HSA Account</b>  <b>Code DAG</b>	Single	\$6,171.84	\$514.32	\$524.61	\$25.00
	Sponsor Two Person	\$14,215.92	\$1,184.66	\$1,208.35	\$50.00
	Family	\$16,381.68	\$1,365.14	\$1,392.44	\$50.00
	Family No Spouse	\$15,572.64	\$1,297.72	\$1,323.67	\$50.00
<b>Obamacare AMV** HDHP</b>	Single	\$3,609.12	\$391.76	\$399.60	\$10.00
	Family No Spouse	\$9,106.08	\$988.48	\$1,008.25	\$248.11
<b>Dental</b>	Single	\$445.20	\$37.10	\$37.84	\$0.33
	Family	\$954.00	\$79.50	\$81.09	\$0.82

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

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