

2021 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
Base Plan Blue Point 2 Value 2* pkg. #068	Single	\$8,095.56	\$674.63	\$688.12	\$57.34	\$67.46	\$80.96
	Sponsor Two Person	\$18,679.44	\$1,556.62	\$1,587.75	\$132.31	\$155.66	\$186.79
	Family	\$21,545.52	\$1,795.46	\$1,831.37	\$152.61	\$179.55	\$215.46
	Family No Spouse	\$20,464.56	\$1,705.38	\$1,739.49	\$144.96	\$170.54	\$204.65
Signature Deduct** with \$500/\$1000 HSA Account	Single	\$5,243.28	\$529.76	\$445.68	\$25.00	\$25.00	\$25.00
	Sponsor Two Person	\$12,076.80	\$1,220.21	\$1,026.53	\$50.00	\$50.00	\$50.00
	Family	\$13,916.76	\$1,406.11	\$1,182.92	\$50.00	\$50.00	\$50.00
	Family No Spouse	\$13,229.40	\$1,336.66	\$1,124.50	\$50.00	\$50.00	\$50.00
Obamacare AMV*** HDHP	Single	\$3,609.12	\$403.52	\$411.59	\$10.00	\$10.00	\$10.00
	Family No Spouse	\$9,106.08	\$1,018.14	\$1,038.50	\$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

* Value 2 has a \$10/\$30/\$50 Rx benefit. All other benefits are the same as Value

** 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.