

2021 BI-WEEKLY MEDICAL AND DENTAL DEDUCTION RATES					
Plan	Person(s) Covered	Premium Cost			PBA
		Annual	Monthly	COBRA	All Unit Members
<b>Base Plan Blue Point 2 Value 2* pkg. #068  Code: ATC</b>	Single	\$8,095.56	\$674.63	\$688.12	\$67.46
	Sponsor Two Person	\$18,679.44	\$1,556.62	\$1,587.75	\$155.66
	Family	\$21,545.52	\$1,795.46	\$1,831.37	\$179.55
	Family No Spouse	\$20,464.56	\$1,705.38	\$1,739.49	\$170.54
Signature Deduct** with \$500/\$1000 HSA Account  Code DAG	Single	\$6,357.12	\$529.76	\$540.36	\$25.00
	Sponsor Two Person	\$14,642.52	\$1,220.21	\$1,244.61	\$50.00
	Family	\$16,873.32	\$1,406.11	\$1,434.23	\$50.00
	Family No Spouse	\$16,039.92	\$1,336.66	\$1,363.39	\$50.00
<b>Obamacare AMV*** HDHP</b>	Single	\$3,609.12	\$403.52	\$411.59	\$10.00
	Family No Spouse	\$9,106.08	\$1,018.14	\$1,038.50	\$248.11
<b>Dental</b>	Single	\$445.20	\$37.10	\$37.84	\$0.33
	Family	\$954.00	\$79.50	\$81.09	\$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 expenses

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