

## 2022 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
<b>Base Plan Blue Point 2 Value 2* pkg. #068</b>	Single	\$8,500.32	\$708.36	\$722.53	\$60.21	\$70.84	\$85.00
	Sponsor Two Person	\$19,613.28	\$1,634.44	\$1,667.13	\$138.93	\$163.44	\$196.13
	Family	\$22,622.52	\$1,885.21	\$1,922.91	\$160.24	\$188.52	\$226.23
	Family No Spouse	\$21,487.56	\$1,790.63	\$1,826.44	\$152.20	\$179.06	\$214.88
<b>Signature Deduct** with \$500/\$1000 HSA Account</b>	Single	\$5,243.28	\$556.24	\$445.68	\$25.00	\$25.00	\$25.00
	Sponsor Two Person	\$12,076.80	\$1,281.21	\$1,026.53	\$50.00	\$50.00	\$50.00
	Family	\$13,916.76	\$1,476.40	\$1,182.92	\$50.00	\$50.00	\$50.00
	Family No Spouse	\$13,229.40	\$1,403.48	\$1,124.50	\$50.00	\$50.00	\$50.00
<b>AMV*** HDHP</b>	Single	\$3,609.12	\$423.69	\$432.16	\$10.00	\$10.00	\$10.00
	Family No Spouse	\$9,106.08	\$1,069.04	\$1,090.42	\$248.11	\$248.11	\$248.11
<b>Dental</b>	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

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