

2022 BI-WEEKLY MEDICAL AND DENTAL DEDUCTION RATES					
Plan	Person(s) Covered	Premium Cost			PBA
		Annual	Monthly	COBRA	All Unit Members
Base Plan Blue Point 2 Value 2* pkg. #068 Code: ATC	Single	\$8,500.32	\$708.36	\$722.53	\$70.84
	Sponsor Two Person	\$19,613.28	\$1,634.44	\$1,667.13	\$163.44
	Family	\$22,622.52	\$1,885.21	\$1,922.91	\$188.52
	Family No Spouse	\$21,487.56	\$1,790.63	\$1,826.44	\$179.06
Signature Deduct** with \$500/\$1000 HSA Account Code DAG	Single	\$6,674.88	\$556.24	\$567.36	\$25.00
	Sponsor Two Person	\$15,374.52	\$1,281.21	\$1,306.83	\$50.00
	Family	\$17,716.80	\$1,476.40	\$1,505.93	\$50.00
	Family No Spouse	\$16,841.76	\$1,403.48	\$1,431.55	\$50.00
AMV*** HDHP	Single	\$3,609.12	\$423.69	\$432.16	\$10.00
	Family No Spouse	\$9,106.08	\$1,069.04	\$1,090.42	\$248.11
Dental	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

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