

**2023 BI-WEEKLY MEDICAL AND DENTAL DEDUCTION RATES**

Plan	Person(s) Covered	Premium Cost			Sheriff Command & Executive Staff	
		Annual	Monthly	COBRA	Unit members as of 9/23/2016	Joined Unit after 9/23/2016
<b>Base Plan Value 2* pkg. #0068</b>  <b>Code: ATC</b>	Single	\$8,841.00	\$736.75	\$751.49	\$55.26	\$55.26
	Sponsor Two Person	\$20,399.52	\$1,699.96	\$1,733.96	\$127.50	\$127.50
	Family	\$23,529.36	\$1,960.78	\$2,000.00	\$147.06	\$147.06
	Family No Spouse	\$22,348.92	\$1,862.41	\$1,899.66	\$139.68	\$139.68
<b>Signature Deduct** with \$500/\$1000 HSA Account pkg. #0069</b>  <b>Code DAG</b>	Single	\$5,243.28	\$578.54	\$445.68	\$25.00	\$25.00
	Sponsor Two Person	\$12,076.80	\$1,332.57	\$1,026.53	\$50.00	\$50.00
	Family	\$13,916.76	\$1,535.59	\$1,182.92	\$50.00	\$50.00
	Family No Spouse	\$13,229.40	\$1,459.75	\$1,124.50	\$50.00	\$50.00
<b>AMV*** HDHP</b>	Single	\$3,609.12	\$440.68	\$449.49	\$10.00	\$10.00
	Family No Spouse	\$9,106.08	\$1,111.89	\$1,134.13	\$248.11	\$248.11
<b>Dental - \$1200 cap</b>	Single	\$472.80	\$39.40	\$40.19	\$4.00	\$4.00
	Family	\$1,014.00	\$84.50	\$86.19	\$8.00	\$8.00

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

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

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

