

**2023 BI-WEEKLY MEDICAL AND DENTAL  
DEDUCTION RATES FOR ELIGIBLE EMPLOYEES**

Plan	Persons Covered	Premium Costs			Federation of Social Workers		
		Annual	Monthly	COBRA	Hired Before 2016	Hired on or after 1/1/16	48 hour Employees
<b>Base Plan Value 2* pkg. #0068</b>  Code: ATC	Single	\$8,841.00	\$736.75	\$751.49	\$44.21	\$84.73	\$184.19
	Sponsor Two Person	\$20,399.52	\$1,699.96	\$1,733.96	\$102.00	\$195.50	\$424.99
	Family	\$23,529.36	\$1,960.78	\$2,000.00	\$117.65	\$225.49	\$490.20
	Family No Spouse	\$22,348.92	\$1,862.41	\$1,899.66	\$111.74	\$214.18	\$465.60
Buy-up Select 1 pkg# 0066  Code DH	Single	\$9,361.20	\$780.10	\$795.70	\$65.88		
	Sponsor Two Person	\$21,599.40	\$1,799.95	\$1,835.95	\$151.99		
	Family	\$24,913.92	\$2,076.16	\$2,117.68	\$175.34		
	Family No Spouse	\$23,663.76	\$1,971.98	\$2,011.42	\$166.53		
Signature Deduct** with \$500/\$1000 HSA Account pkg. #0069  Code DAG	Single	\$6,942.48	\$578.54	\$590.11	\$25.00	\$25.00	
	Sponsor Two Person	\$15,990.84	\$1,332.57	\$1,359.22	\$50.00	\$50.00	
	Family	\$18,427.08	\$1,535.59	\$1,566.30	\$50.00	\$50.00	
	Family No Spouse	\$17,517.00	\$1,459.75	\$1,488.95	\$50.00	\$50.00	
AMV** HDHP	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	
Dental	Single	\$445.20	\$37.10	\$37.84	\$0.33	\$0.33	
	Family	\$954.00	\$79.50	\$81.09	\$0.82	\$0.82	

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

\*\* Signature Deductible 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.

