

## 2023 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 Value 2* pkg. #0068</b>	Single	\$8,841.00	\$736.75	\$751.49	\$62.62	\$73.68	\$88.41
	Sponsor Two Person	\$20,399.52	\$1,699.96	\$1,733.96	\$144.50	\$170.00	\$204.00
	Family	\$23,529.36	\$1,960.78	\$2,000.00	\$166.67	\$196.08	\$235.29
	Family No Spouse	\$22,348.92	\$1,862.41	\$1,899.66	\$158.30	\$186.24	\$223.49
<b>Signature Deduct** with \$500/\$1000 HSA Account pkg. #0069</b>	Single	\$5,243.28	\$578.54	\$445.68	\$25.00	\$25.00	\$25.00
	Sponsor Two Person	\$12,076.80	\$1,332.57	\$1,026.53	\$50.00	\$50.00	\$50.00
	Family	\$13,916.76	\$1,535.59	\$1,182.92	\$50.00	\$50.00	\$50.00
	Family No Spouse	\$13,229.40	\$1,459.75	\$1,124.50	\$50.00	\$50.00	\$50.00
<b>AMV*** HDHP</b>	Single	\$3,609.12	\$440.68	\$449.49	\$10.00	\$10.00	\$10.00
	Family No Spouse	\$9,106.08	\$1,111.89	\$1,134.13	\$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 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.