| 2023 BI-WEEKLY MEDICAL AND DENTAL<br>DEDUCTION RATES FOR ELIGIBLE EMPLOYEES |                    |               |            |            |  |                               |                           |
|---|--------------------|---------------|------------|------------|--|-------------------------------|---------------------------|
|   | -                  | Premium Costs |            |            | Legislative Staff & Elected<br>Officials |                               |                           |
| Plan  | Persons Covered    | Annual        | Monthly    | COBRA      | Hired Before<br>4/15/05                  | Hired<br>4/15/05 -<br>9/30/12 | Hired on or after 10/1/12 |
| Base Plan   | Single             | \$8,841.00    | \$736.75   | \$751.49   | \$47.89                                  | \$69.99                       | \$88.41                   |
| Value 2*<br>pkg. #0068  | Sponsor Two Person | \$20,399.52   | \$1,699.96 | \$1,733.96 | \$110.50                                 | \$161.50                      | \$204.00                  |
| Code ATC  | Family             | \$23,529.36   | \$1,960.78 | \$2,000.00 | \$127.45                                 | \$186.27                      | \$235.29                  |
|   | Family No Spouse   | \$22,348.92   | \$1,862.41 | \$1,899.66 | \$121.06                                 | \$176.93                      | \$223.49                  |
| Buy-up<br>Select 1<br>pkg. #0066  | Single             | \$9,361.20    | \$780.10   | \$795.70   | \$69.56                                  | \$91.67                       | _                         |
|   | Sponsor Two Person | \$21,599.40   | \$1,799.95 | \$1,835.95 | \$160.49                                 | \$211.49                      | -                         |
| Code DH   | Family             | \$24,913.92   | \$2,076.16 | \$2,117.68 | \$185.14                                 | \$243.96                      | -                         |
|   | Family No Spouse   | \$23,663.76   | \$1,971.98 | \$2,011.42 | \$175.84                                 | \$231.71                      | -                         |
| Blue Point 2 Select 2<br>pkg. #0064<br>Code DF                              | Single             | \$8,765.16    | \$730.43   | \$745.04   | \$47.89                                  | \$69.99                       | _                         |
|   | Sponsor Two Person | \$20,224.80   | \$1,685.40 | \$1,719.11 | \$110.50                                 | \$161.50                      | -                         |
|   | Family             | \$23,327.64   | \$1,943.97 | \$1,982.85 | \$127.45                                 | \$186.27                      | -                         |
|   | Family No Spouse   | \$22,157.28   | \$1,846.44 | \$1,883.37 | \$121.06                                 | \$176.93                      | -                         |
| Signature Deduct** with<br>\$500/\$1000 HSA Account<br>pkg. #0069           | Single             | \$6,942.48    | \$578.54   | \$590.11   | \$25.00                                  | \$25.00                       | \$25.00                   |
|   | Sponsor Two Person | \$15,990.84   | \$1,332.57 | \$1,359.22 | \$50.00                                  | \$50.00                       | \$50.00                   |
| Code DAG  | Family             | \$18,427.08   | \$1,535.59 | \$1,566.30 | \$50.00                                  | \$50.00                       | \$50.00                   |
|   | Family No Spouse   | \$17,517.00   | \$1,459.75 | \$1,488.95 | \$50.00                                  | \$50.00                       | \$50.00                   |
| AMV***<br>HDHP  | 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                  |
| Dental  | Single             | \$445.20      | \$37.10    | \$37.84    |  | \$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.