

**2023 BI-WEEKLY MEDICAL AND DENTAL
DEDUCTION RATES FOR DEPARTMENT HEADS AND M&P**

Plan	Persons Covered	Premium Cost			M&P	
		Annual	Monthly	COBRA	CAT 1 Hired before 1/1/06	CAT 2 Hired on or after 1/1/06
Simply Blue PPO Copay pkg. #0180 Code: CGY	Single	\$8,841.00	\$736.75	\$751.49	\$55.26	\$92.09
	Sponsor Two Person	\$20,399.52	\$1,699.96	\$1,733.96	\$127.50	\$212.50
	Family	\$23,529.36	\$1,960.78	\$2,000.00	\$147.06	\$245.10
	Family No Spouse	\$22,348.92	\$1,862.41	\$1,899.66	\$139.68	\$232.80
Simply Blue PPO Health Savings Account* pkg. #0181 Code: CGZ	Single	\$6,909.12	\$575.76	\$587.28	\$28.79	\$71.97
	Sponsor Two Person	\$15,914.04	\$1,326.17	\$1,352.69	\$66.31	\$165.77
	Family	\$18,338.52	\$1,528.21	\$1,558.77	\$76.41	\$191.03
	Family No Spouse	\$17,432.76	\$1,452.73	\$1,481.78	\$72.64	\$181.59
AMV** HDHP	Single	\$5,288.16	\$440.68	\$449.49	\$10.00	\$10.00
	Family No Spouse	\$13,342.68	\$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

* County funds \$900 towards the Single Deductible or \$2500 towards the Family Deductible for the Health Savings

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