

2023 BI-WEEKLY MEDICAL AND DENTAL DEDUCTION RATES					
Plan	Person(s) Covered	Premium Cost			PBA
		Annual	Monthly	COBRA	All Unit Members
Base Plan Value 2* pkg. #0068 Code: ATC	Single	\$8,841.00	\$736.75	\$751.49	\$73.68
	Sponsor Two Person	\$20,399.52	\$1,699.96	\$1,733.96	\$170.00
	Family	\$23,529.36	\$1,960.78	\$2,000.00	\$196.08
	Family No Spouse	\$22,348.92	\$1,862.41	\$1,899.66	\$186.24
Signature Deduct** with \$500/\$1000 HSA Account pkg. #0069 Code DAG	Single	\$6,942.48	\$578.54	\$590.11	\$25.00
	Sponsor Two Person	\$15,990.84	\$1,332.57	\$1,359.22	\$50.00
	Family	\$18,427.08	\$1,535.59	\$1,566.30	\$50.00
	Family No Spouse	\$17,517.00	\$1,459.75	\$1,488.95	\$50.00
AMV*** HDHP	Single	\$3,609.12	\$440.68	\$449.49	\$10.00
	Family No Spouse	\$9,106.08	\$1,111.89	\$1,134.13	\$248.11
Dental	Single	\$445.20	\$37.10	\$37.84	\$0.33
	Family	\$954.00	\$79.50	\$81.09	\$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.