2026 BI-WEEKLY MEDICAL AND DENTAL DEDUCTION RATES

		Premium Cost			IUOE		
Plan	**Person(s) Covered**	**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
Base Plan	Single	$11,889.24	$990.77	$1,010.59	$84.22	$99.08	$118.89
Value 2							
pkg. #0068	Sponsor Two Person	$27,432.84	$2,286.07	$2,331.79	$194.32	$228.61	$274.33
Code: ATC	Family	$31,641.96	$2,636.83	$2,689.57	$224.13	$263.68	$316.42
	Family No Spouse	$30,054.48	$2,504.54	$2,554.63	$212.89	$250.45	$300.54
Signature Deduct with**	Single	$5,243.28	$778.01	$445.68	$25.00	$25.00	$25.00
$500/$1000 HSA Account							
pkg. #0069	Sponsor Two Person	$12,076.80	$1,792.01	$1,026.53	$50.00	$50.00	$50.00
Code DAG	Family	$13,916.76	$2,065.03	$1,182.92	$50.00	$50.00	$50.00
	Family No Spouse	$13,229.40	$1,963.04	$1,124.50	$50.00	$50.00	$50.00
	Single	$3,609.12	$592.62	$604.47	$10.00	$10.00	$10.00
AMV***							
HDHP	Family No Spouse	$9,106.08	$1,495.25	$1,525.16	$248.11	$248.11	$248.11
Dental	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

** Signature Deductible is a HDHP that comes with County funded up to $500/$1000 HSA for IRS eligible out-of-pocket exp

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

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