2026 BI-WEEKLY MEDICAL AND DENTAL DEDUCTION RATES

		Premium Cost			MCLEA
Plan	**Person(s) Covered**	**Annual**	**Monthly**	**COBRA**	All Unit Members ****
Base Plan	Single	$11,889.24	$990.77	$1,010.59	$84.73
Value 2					
pkg. #0068	Sponsor Two Person	$27,432.84	$2,286.07	$2,331.79	$195.50
Code: ATC	Family	$31,641.96	$2,636.83	$2,689.57	$225.49
	Family No Spouse	$30,054.48	$2,504.54	$2,554.63	$214.18
Signature Deduct** with	Single	$9,336.12	$778.01	$793.57	$25.00
$500/$1000 HSA Account					
pkg. #0069	Sponsor Two Person	$21,504.12	$1,792.01	$1,827.85	$50.00
Code DAG	Family	$24,780.36	$2,065.03	$2,106.33	$50.00
	Family No Spouse	$23,556.48	$1,963.04	$2,002.30	$50.00
	Single	$3,609.12	$592.62	$604.47	$10.00
AMV* **					
HDHP	Family No Spouse	$9,106.08	$1,495.25	$1,525.16	$248.11
Dental	Single	$445.20	$37.10	$37.84	$0.33
	Family	$954.00	$79.50	$81.09	$0.82

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

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