2026 BI-WEEKLY MEDICAL AND DENTAL DEDUCTION RATES

		Premium Cost			PBA
Plan	**Person(s) Covered**	**Annual**	**Monthly**	**COBRA**	All Unit Members
Signature Deductible $2500/$5000 pkg#0069	Single	$9,336.12	$778.01	$793.57	$50.00
	Sponsor Two Person	$21,504.12	$1,792.01	$1,827.85	$100.00
Code: DAG	Family	$24,780.36	$2,065.03	$2,106.33	$100.00
	Family No Spouse	$23,556.48	$1,963.04	$2,002.30	$100.00
Dental	Single	$445.20	$37.10	$37.84	$0.33
	Family	$954.00	$79.50	$81.09	$0.82

Signature Deductible is a High Deductible Health Plan with a County funded Health Savings Account of up to $1250 for Single or up to $2500 for Family coverage.