2026 BI-WEEKLY MEDICAL AND DENTAL DEDUCTION RATES FOR TEAMSTERS

Plan	Persons Covered	Premium Cost			Teamsters	
		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	Single	$11,889.24	$990.77	$1,010.59	$74.31	$123.85
	Sponsor Two Person	$27,432.84	$2,286.07	$2,331.79	$171.46	$285.76
Code: CGY						
	Family	$31,641.96	$2,636.83	$2,689.57	$197.76	$329.60
	Family No Spouse	$30,054.48	$2,504.54	$2,554.63	$187.84	$313.07
Simply Blue PPO Health Savings Account* pkg. #0181	Single	$9,291.24	$774.27	$789.76	$38.71	$96.78
	Sponsor Two Person	$21,400.92	$1,783.41	$1,819.08	$89.17	$222.93
Code: CGZ	Family	$24,661.32	$2,055.11	$2,096.21	$102.76	$256.89
	Family No Spouse	$23,443.20	$1,953.60	$1,992.67	$97.68	$244.20
	Single	$7,111.44	$592.62	$604.47	$10.00	$10.00
AMV**						
HDHP	Family No Spouse	$17,943.00	$1,495.25	$1,525.16	$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.