2027 BI-WEEKLY MEDICAL AND DENTAL DEDUCTION RATES						
		Premium Cost			Sheriff Command & Executive Staff	
Plan	Person(s) Covered	Annual	Monthly	COBRA	Unit members as of 9/23/2016 *	Joined Unit after 9/23/2016 *
Base Plan	Single	$13,264.32	$1,105.36	$1,127.47	$82.90	$82.90
Value 2						
pkg. #0068	Sponsor Two Person	$30,605.64	$2,550.47	$2,601.48	$191.29	$191.29
Code: ATC	Family	$35,301.60	$2,941.80	$3,000.64	$220.64	$220.64
	Family No Spouse	$33,530.52	$2,794.21	$2,850.09	$209.57	$209.57
Signature	Single					
Deductible with**		$10,415.88	$867.99	$885.35	$50.00	$50.00
$500/$1000 HSA						
Account						
pkg. #0069	Sponsor Two Person	$23,991.24	$1,999.27	$2,039.26	$100.00	$100.00
Code DAG	Family	$27,646.32	$2,303.86	$2,349.94	$100.00	$100.00
	Family No Spouse	$26,280.96	$2,190.08	$2,233.88	$100.00	$100.00
	Single	$7,933.92	$661.16	$674.38	$10.00	$10.00
AMV* **						
HDHP	Family No Spouse	$20,018.16	$1,668.18	$1,701.54	$248.11	$248.11
Dental - $1200 cap	Single	$472.80	$39.40	$40.19	$4.00	$4.00
	Family	$1,014.00	$84.50	$86.19	$8.00	$8.00

**Signature Deduct 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.

* Rates subject to approval of collective bargaining agreement by the Legislature

Please be advised, if you experience a qualifying event, including but not limited to, a position change, job title change, employment status change, group/union change during the current plan year, some of your benefits (NYS Retirement, Medical and /or Dental) are subject to change.Please contact the Employee Benefits office for additional information.