2027 BI-WEEKLY MEDICAL AND DENTAL DEDUCTION RATES FOR ELIGIBLE EMPLOYEES

		Premium Costs			Federation of Social Workers		
Plan	**Persons Covered**	**Annual**	**Monthly**	**COBRA**	Hired Before 2016	Hired on or after 1/1/16	48 hour Employees
Base Plan	Single	$13,264.32	$1,105.36	$1,127.47	$99.48	$127.12	$276.34
Value 2							
pkg. #0068	Sponsor Two Person	$30,605.64	$2,550.47	$2,601.48	$229.54	$293.30	$637.62
Code: ATC	Family	$35,301.60	$2,941.80	$3,000.64	$264.76	$338.31	$735.45
	Family No Spouse	$33,530.52	$2,794.21	$2,850.09	$251.48	$321.33	$698.55
Buy-up	Single	$14,044.80	$1,170.40	$1,193.81	$132.00		
Select 1							
pkg# 0066	Sponsor Two Person	$32,405.88	$2,700.49	$2,754.50	$304.55		
Code DH	Family	$37,378.68	$3,114.89	$3,177.19	$351.31		
	Family No Spouse	$35,503.08	$2,958.59	$3,017.76	$333.67		
Signature Deduct** with	Single	$10,415.88	$867.99	$885.35	$25.00	$25.00	
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pkg. #0069	Sponsor Two Person	$23,991.24	$1,999.27	$2,039.26	$50.00	$50.00	
Code DAG	Family	$27,646.32	$2,303.86	$2,349.94	$50.00	$50.00	
	Family No Spouse	$26,280.96	$2,190.08	$2,233.88	$50.00	$50.00	
	Single	$3,609.12	$661.16	$674.38	$10.00	$10.00	
AMV**							
HDHP	Family No Spouse	$9,106.08	$1,668.18	$1,701.54	$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	

** 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.

Rates are based on the current 2026 contract. If/when there is a new collectively bargained agreement, rates are subject to change.

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.