2027 BI-WEEKLY MEDICAL AND DENTAL DEDUCTION RATES

		Premium Cost			IAFF
Plan	**Person(s) Covered**	**Annual**	**Monthly**	**COBRA**	All Unit Members ****
Signature Deductible ** with HSA funded account pkg. #0069	**Single**	**$10,415.88**	**$867.99**	**$885.35**	**$50.00**
	Sponsor Two Person	**$23,991.24**	**$1,999.27**	**$2,039.26**	**$100.00**
Code DAG	**Family**	**$27,646.32**	**$2,303.86**	**$2,349.94**	**$100.00**
	Family No Spouse	**$26,280.96**	**$2,190.08**	**$2,233.88**	**$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 HDHP that comes with County funded up to $1800 for Single coverage or up to $3500 HSA for IRS eligible out-of-pocket expenses.

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.