2027 BI-WEEKLY MEDICAL AND DENTAL DEDUCTION RATES

		Premium Cost			MCLEA
Plan	**Person(s) Covered**	**Annual**	**Monthly**	**COBRA**	All Unit Members ****
Base Plan	Single	$13,264.32	$1,105.36	$1,127.47	$110.54
Value 2					
pkg. #0068	Sponsor Two Person	$30,605.64	$2,550.47	$2,601.48	$255.05
Code: ATC	Family	$35,301.60	$2,941.80	$3,000.64	$294.18
	Family No Spouse	$33,530.52	$2,794.21	$2,850.09	$279.42
Signature Deduct** with	Single	$10,415.88	$867.99	$885.35	$25.00
$500/$1000 HSA Account					
pkg. #0069	Sponsor Two Person	$23,991.24	$1,999.27	$2,039.26	$50.00
Code DAG	Family	$27,646.32	$2,303.86	$2,349.94	$50.00
	Family No Spouse	$26,280.96	$2,190.08	$2,233.88	$50.00
	Single	$3,609.12	$592.62	$604.47	$10.00
AMV* **					
HDHP	Family No Spouse	$9,106.08	$1,495.25	$1,525.16	$248.11
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 $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.