2027 BI-WEEKLY MEDICAL AND DENTAL DEDUCTION RATES FOR DEPARTMENT HEADS AND M&P

Plan	Persons Covered	Premium Cost			M&P		
		Annual	Monthly	COBRA	CAT 1 Hired before 1/1/06	CAT 2 Hired on or after 1/1/06	CAT 3 Hired on or after 1/1/2026
Simply Blue PPO Copay	Single	$13,264.32	$1,105.36	$1,127.47	$82.90	$138.17	
pkg. #0180							
	Sponsor Two Person	$30,605.64	$2,550.47	$2,601.48	$191.29	$318.81	
Code: CGY							
	Family	$35,301.60	$2,941.80	$3,000.64	$220.64	$367.73	
	Family No Spouse	$33,530.52	$2,794.21	$2,850.09	$209.57	$349.28	
Simply Blue PPO	Single	$10,365.84	$863.82	$881.10	$43.19	$75.00	
Health Savings Account*							
pkg. #0181	Sponsor Two Person	$23,876.04	$1,989.67	$2,029.46	$99.48	$225.00	
CLOSED PLAN							
	Family	$27,513.60	$2,292.80	$2,338.66	$114.64	$225.00	
Code: CGZ							
	Family No Spouse	$26,154.60	$2,179.55	$2,223.14	$108.98	$225.00	
Signature Deductible	Single	$10,415.88	$867.99	$885.35	$43.40	$75.00	$75.00
Health Savings Account*							
pkg. #0069	Sponsor Two Person	$23,991.24	$1,999.27	$2,039.26	$99.96	$225.00	$225.00
Code: DAG	Family	$27,646.32	$2,303.86	$2,349.94	$115.19	$225.00	$225.00
	Family No Spouse	$26,280.96	$2,190.08	$2,233.88	$109.50	$225.00	$225.00
Dental	Single	$445.20	$37.10	$37.84	$0.33	$0.33	$0.33
	Family	$954.00	$79.50	$81.09	$0.82	$0.82	$0.82

* County funds up to $900 towards the Single Deductible or up to $2500 towards the Family Deductible for the

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.