2027 BI-WEEKLY MEDICAL AND DENTAL DEDUCTION RATES

		Premium Cost			PBA
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 High Deductible Health Plan with a County funded Health Savings Account of up to $500 for Single or up to $1000 for Family coverage.

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.