2027 BI-WEEKLY MEDICAL AND DENTAL DEDUCTION RATES FOR TEAMSTERS

Plan	Persons Covered	Premium Cost			Teamsters	
		Annual	Monthly	COBRA	CAT 1 * Hired before 1/1/06	CAT 2 * Hired on or after 1/1/06
Simply Blue PPO Copay pkg. #0180	Single	$13,264.32	$1,105.36	$1,127.47	$82.90	$138.17
	Sponsor Two Person	$30,605.64	$2,550.47	$2,601.48	$191.29	$318.81
Code: CGY						
	Family	$35,301.36	$2,941.78	$3,000.62	$220.63	$367.72
	Family No Spouse	$33,530.52	$2,794.21	$2,850.09	$209.57	$349.28
Simply Blue PPO Health Savings Account* pkg. #0181	Single	$10,365.84	$863.82	$881.10	$43.19	$107.98
	Sponsor Two Person	$23,876.04	$1,989.67	$2,029.46	$99.48	$248.71
Code: CGZ						
	Family	$27,513.60	$2,292.80	$2,338.66	$114.64	$286.60
	Family No Spouse	$26,154.60	$2,179.55	$2,223.14	$108.98	$272.44
	Single	$7,933.92	$661.16	$674.38	$10.00	$10.00
AMV HDHP**						
	Family No Spouse	$20,018.16	$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

* County funds $900 towards the Single Deductible or $2500 towards the Family Deductible for the Health Savings Account

** 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.