

2024 BI-WEEKLY MEDICAL AND DENTAL DEDUCTION RATES

Plan	Person(s) Covered	Premium Cost			Sheriff Command & Executive Staff	
		Annual	Monthly	COBRA	Unit members as of 9/23/2016	Joined Unit after 9/23/2016
Base Plan Value 2* pkg. #0068 Code: ATC	Single	\$9,551.76	\$795.98	\$811.90	\$59.70	\$59.70
	Sponsor Two Person	\$22,039.44	\$1,836.62	\$1,873.35	\$137.75	\$137.75
	Family	\$25,421.04	\$2,118.42	\$2,160.79	\$158.88	\$158.88
	Family No Spouse	\$24,145.56	\$2,012.13	\$2,052.37	\$150.91	\$150.91
Signature Deduct** with \$500/\$1000 HSA Account pkg. #0069 Code DAG	Single	\$5,243.28	\$625.05	\$445.68	\$25.00	\$25.00
	Sponsor Two Person	\$12,076.80	\$1,439.70	\$1,026.53	\$50.00	\$50.00
	Family	\$13,916.76	\$1,659.04	\$1,182.92	\$50.00	\$50.00
	Family No Spouse	\$13,229.40	\$1,577.10	\$1,124.50	\$50.00	\$50.00
AMV*** HDHP	Single	\$3,609.12	\$476.11	\$485.63	\$10.00	\$10.00
	Family No Spouse	\$9,106.08	\$1,201.28	\$1,225.31	\$248.11	\$248.11
Dental - \$1200 cap	Single	\$472.80	\$39.40	\$40.19	\$4.00	\$4.00
	Family	\$1,014.00	\$84.50	\$86.19	\$8.00	\$8.00

* Value 2 has a \$10/\$30/\$50 Rx benefit. All other benefits are the same as Value.

** Signature Deduct is a HDHP that comes with County funded \$500/\$1000 HSA for out-of-pocket expenses.

*** AMV (Affordable Minimum Value) is a \$6,000/\$12,000 HDHP plan offered in compliance with HCR employer mandates. mandates.

