

2017 BI-WEEKLY MEDICAL AND DENTAL DEDUCTION RATES

Plan	Person(s) Covered	Premium Cost			IUOE		
		Annual	Monthly	COBRA	Hired before 1/1/2009	Hired on or after 1/1/2009	
Base Plan Blue Point 2 Value pkg. #067	Single	\$6,300.24	\$525.02	\$535.52	\$31.50	\$39.38	
	Sponsor Two Person	\$14,537.04	\$1,211.42	\$1,235.65	\$72.69	\$90.86	
	Code: DK	Family	\$16,767.48	\$1,397.29	\$1,425.24	\$83.84	\$104.80
	Family No Spouse	\$15,926.28	\$1,327.19	\$1,353.73	\$79.63	\$99.54	
Buy Up Healthy Blue Copay pkg. #180	Single	\$6,330.12	\$527.51	\$538.06	\$32.75	\$40.62	
	Sponsor Two Person	\$14,579.88	\$1,214.99	\$1,239.29	\$74.47	\$92.64	
	Code: A2	Family	\$16,801.44	\$1,400.12	\$1,428.12	\$85.25	\$106.21
	Family No Spouse	\$15,971.40	\$1,330.95	\$1,357.57	\$81.51	\$101.42	
Healthy Blue PPO Health Savings Account* pkg# 181	Single	\$4,938.72	\$411.56	\$419.79	\$31.50	\$39.38	
	Sponsor Two Person	\$11,375.40	\$947.95	\$966.91	\$72.69	\$90.86	
	Code: CL	Family	\$13,108.44	\$1,092.37	\$1,114.22	\$83.84	\$104.80
	Family No Spouse	\$12,461.04	\$1,038.42	\$1,059.19	\$79.63	\$99.54	
Obamacare AMV** HDHP	Single	\$3,609.12	\$312.78	\$319.04	\$10.00	\$10.00	
	Family No Spouse	\$9,106.08	\$789.19	\$804.97	\$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 is funding \$1040 towards the Single Deductible and \$2080 towards the Family Deductible for the

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

