

**2017 BI-WEEKLY MEDICAL AND DENTAL  
DEDUCTION RATES FOR ELIGIBLE EMPLOYEES**

		Premium Costs			CSEA and M&C		
Plan	Persons Covered	Annual	Monthly	COBRA	Hired Before 4/15/05	Hired 4/15/05 - 9/30/12	Hired on or after 10/1/12
Blue Point 2 Value pkg# 067  Code: DK	Single	\$6,300.24	\$525.02	\$535.52	\$21.00	\$39.38	\$52.50
	Sponsor Two Person	\$14,537.04	\$1,211.42	\$1,235.65	\$48.46	\$90.86	\$121.14
	Family	\$16,767.48	\$1,397.29	\$1,425.24	\$55.89	\$104.80	\$139.73
	Family No Spouse	\$15,926.28	\$1,327.19	\$1,353.73	\$53.09	\$99.54	\$132.72
Blue Point 2 Select 1 pkg# 066  Code DH	Single	\$6,644.28	\$553.69	\$564.76	\$33.22	\$53.71	
	Sponsor Two Person	\$15,330.60	\$1,277.55	\$1,303.10	\$76.65	\$123.92	
	Family	\$17,683.08	\$1,473.59	\$1,503.06	\$88.42	\$142.95	
	Family No Spouse	\$16,795.80	\$1,399.65	\$1,427.64	\$83.98	\$135.77	
Blue Point 2 Select 2 pkg# 064  Code: DF	Single	\$6,221.16	\$518.43	\$528.80	\$31.11	\$36.08	
	Sponsor Two Person	\$14,354.88	\$1,196.24	\$1,220.16	\$71.77	\$83.27	
	Family	\$16,557.24	\$1,379.77	\$1,407.37	\$82.79	\$96.04	
	Family No Spouse	\$15,726.60	\$1,310.55	\$1,336.76	\$78.63	\$91.22	
Obamacare AMV** HDHP	Single	\$3,609.12	\$312.78	\$319.04	\$10.00	\$10.00	\$10.00
	Family No Spouse	\$9,106.08	\$789.19	\$804.97	\$248.11	\$248.11	\$248.11
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

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