

## 2017 BI-WEEKLY MEDICAL AND DENTAL DEDUCTION RATES

Plan	Person(s) Covered	Premium Cost			DSA	
		Annual	Monthly	COBRA	Hired before 9/1/2006	Hired on or after 9/1/2006
<b>Base Plan Blue Point 2 Value pkg. #067</b>	Single	\$6,300.24	\$525.02	\$535.52	\$50.00	\$65.00
	Sponsor Two Person	\$14,537.04	\$1,211.42	\$1,235.65	\$50.00	\$65.00
	Family	\$16,767.48	\$1,397.29	\$1,425.24	\$50.00	\$65.00
	Family No Spouse	\$15,926.28	\$1,327.19	\$1,353.73	\$50.00	\$65.00
	<b>Code: DK</b>					
<b>Buy Up Healthy Blue Copay pkg. #180</b>	Single	\$6,330.12	\$527.51	\$538.06	\$51.25	\$66.25
	Sponsor Two Person	\$14,579.88	\$1,214.99	\$1,239.29	\$51.79	\$66.79
	Family	\$16,801.44	\$1,400.12	\$1,428.12	\$51.42	\$66.42
	Family No Spouse	\$15,971.40	\$1,330.95	\$1,357.57	\$51.88	\$66.88
	<b>Code: A2</b>					
<b>Healthy Blue PPO Health Savings Account*</b> pkg# 181	Single	\$4,938.72	\$411.56	\$419.79	\$50.00	\$65.00
	Sponsor Two Person	\$11,375.40	\$947.95	\$966.91	\$50.00	\$65.00
	Family	\$13,108.44	\$1,092.37	\$1,114.22	\$50.00	\$65.00
	Family No Spouse	\$12,461.04	\$1,038.42	\$1,059.19	\$50.00	\$65.00
	<b>Code: CL</b>					
<b>Obamacare AMV** HDHP</b>	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
<b>Dental</b>	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.