

2017 BI-WEEKLY MEDICAL AND DENTAL DEDUCTION RATES					
Plan	Person(s) Covered	Premium Cost			PBA
		Annual	Monthly	COBRA	All Unit Members
Base Plan Blue Point 2 Value pkg. #067 Code: DK	Single	\$6,300.24	\$525.02	\$535.52	\$39.38
	Sponsor Two Person	\$14,537.04	\$1,211.42	\$1,235.65	\$90.86
	Family	\$16,767.48	\$1,397.29	\$1,425.24	\$104.80
	Family No Spouse	\$15,926.28	\$1,327.19	\$1,353.73	\$99.54
Obamacare AMV** HDHP	Single	\$3,609.12	\$312.78	\$319.04	\$10.00
	Family No Spouse	\$9,106.08	\$789.19	\$804.97	\$248.11
Dental	Single	\$445.20	\$37.10	\$37.84	\$0.33
	Family	\$954.00	\$79.50	\$81.09	\$0.82

* County is funding \$1040 towards the Single Deductible and \$2080 towards the Family Deductible

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