

**2020 BI-WEEKLY MEDICAL AND DENTAL
DEDUCTION RATES FOR DEPARTMENT HEADS AND M&P EMPLOYEES**

Plan	Persons Covered	Premium Cost			M&P	
		Annual	Monthly	COBRA	CAT 1 Hired before 1/1/06	CAT 2 Hired on or after 1/1/06
Simply Blue Copay Code: CGY	Single	\$7,859.64	\$654.97	\$668.07	\$45.85	\$78.60
	Sponsor Two Person	\$18,135.24	\$1,511.27	\$1,541.50	\$105.79	\$181.35
	Family	\$20,917.68	\$1,743.14	\$1,778.00	\$122.02	\$209.18
	Family No Spouse	\$19,868.28	\$1,655.69	\$1,688.80	\$115.90	\$198.68
Simply Blue PPO Health Savings Account* Code: CGZ	Single	\$6,171.84	\$514.32	\$524.61	\$23.14	\$61.72
	Sponsor Two Person	\$14,215.92	\$1,184.66	\$1,208.35	\$53.31	\$142.16
	Family	\$16,381.68	\$1,365.14	\$1,392.44	\$61.43	\$163.82
	Family No Spouse	\$15,572.64	\$1,297.72	\$1,323.67	\$58.40	\$155.73
Obamacare AMV** HDHP	Single	\$4,701.12	\$391.76	\$399.60	\$10.00	\$10.00
	Family No Spouse	\$11,861.76	\$988.48	\$1,008.25	\$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 funds \$900 towards the Single Deductible or \$2500 towards the Family Deductible for the Health Savings

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