

2024 BI-WEEKLY MEDICAL AND DENTAL DEDUCTION RATES					
Plan	Person(s) Covered	Premium Cost			IAFF
		Annual	Monthly	COBRA	All Unit Members ****
<b>Base Plan Value 2* pkg. #0068</b>  <b>Code: ATC</b>	Single	\$9,551.76	\$795.98	\$811.90	\$79.60
	Sponsor Two Person	\$22,039.44	\$1,836.62	\$1,873.35	\$183.66
	Family	\$25,421.04	\$2,118.42	\$2,160.79	\$211.84
	Family No Spouse	\$24,145.56	\$2,012.13	\$2,052.37	\$201.21
Signature Deduct** with \$500/\$1000 HSA Account pkg. #0069  <b>Code DAG</b>	Single	\$7,500.60	\$625.05	\$637.55	\$62.51
	Sponsor Two Person	\$17,276.40	\$1,439.70	\$1,468.49	\$143.97
	Family	\$19,908.48	\$1,659.04	\$1,692.22	\$165.90
	Family No Spouse	\$18,925.20	\$1,577.10	\$1,608.64	\$157.71
<b>AMV*** HDHP</b>	Single	\$3,609.12	\$476.11	\$485.63	\$10.00
	Family No Spouse	\$9,106.08	\$1,201.28	\$1,225.31	\$248.11
<b>Dental</b>	Single	\$445.20	\$37.10	\$37.84	\$0.33
	Family	\$954.00	\$79.50	\$81.09	\$0.82

\* Value 2 has a \$10/\$30/\$50 Rx benefit. All other benefits are the same as Value.

\*\* Signature Deductible is a HDHP that comes with County funded \$500/\$1000 HSA for out-of-pocket expenses.

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