

2024 BI-WEEKLY MEDICAL AND DENTAL DEDUCTION RATES

Plan	Person(s) Covered	Premium Cost			IUOE		
		Annual	Monthly	COBRA	CAT 1 Hired before 1/1/2009	CAT 2 Hired on or after 1/1/2009	CAT 3 Hired on or after 5/1/2017
Base Plan Value 2* pkg. #0068	Single	\$9,551.76	\$795.98	\$811.90	\$67.66	\$79.60	\$95.52
	Sponsor Two Person	\$22,039.44	\$1,836.62	\$1,873.35	\$156.11	\$183.66	\$220.39
	Family	\$25,421.04	\$2,118.42	\$2,160.79	\$180.07	\$211.84	\$254.21
	Family No Spouse	\$24,145.56	\$2,012.13	\$2,052.37	\$171.03	\$201.21	\$241.46
Signature Deduct** with \$500/\$1000 HSA Account pkg. #0069	Single	\$5,243.28	\$625.05	\$445.68	\$25.00	\$25.00	\$25.00
	Sponsor Two Person	\$12,076.80	\$1,439.70	\$1,026.53	\$50.00	\$50.00	\$50.00
	Family	\$13,916.76	\$1,659.04	\$1,182.92	\$50.00	\$50.00	\$50.00
	Family No Spouse	\$13,229.40	\$1,577.10	\$1,124.50	\$50.00	\$50.00	\$50.00
AMV*** HDHP	Single	\$3,609.12	\$476.11	\$485.63	\$10.00	\$10.00	\$10.00
	Family No Spouse	\$9,106.08	\$1,201.28	\$1,225.31	\$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

* 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.