

**2022 BI-WEEKLY MEDICAL AND DENTAL
DEDUCTION RATES FOR DEPARTMENT HEADS AND M&P**

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	\$8,500.32	\$708.36	\$722.53	\$53.13	\$88.55
	Sponsor Two Person	\$19,613.28	\$1,634.44	\$1,667.13	\$122.58	\$204.31
	Family	\$22,622.52	\$1,885.21	\$1,922.91	\$141.39	\$235.65
	Family No Spouse	\$21,487.56	\$1,790.63	\$1,826.44	\$134.30	\$223.83
Simply Blue PPO Health Savings Account* Code: CGZ	Single	\$6,674.88	\$556.24	\$567.36	\$27.81	\$69.53
	Sponsor Two Person	\$15,374.52	\$1,281.21	\$1,306.83	\$64.06	\$160.15
	Family	\$17,716.80	\$1,476.40	\$1,505.93	\$73.82	\$184.55
	Family No Spouse	\$16,841.76	\$1,403.48	\$1,431.55	\$70.17	\$175.44
AMV** HDHP	Single	\$5,084.28	\$423.69	\$432.16	\$10.00	\$10.00
	Family No Spouse	\$12,828.48	\$1,069.04	\$1,090.42	\$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

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