

**2025 BI-WEEKLY MEDICAL AND DENTAL  
DEDUCTION RATES FOR ELIGIBLE EMPLOYEES**

		Premium Costs			CSEA and M&C		
Plan	Persons Covered	Annual	Monthly	COBRA	Hired Before 4/15/05	Hired 4/15/05 - 9/30/12	Hired on or after 10/1/12
Base Plan Value 2 pkg. #0068	Single	\$10,908.60	\$909.05	\$927.23	\$63.63	\$90.91	\$109.09
	Sponsor Two Person	\$25,170.00	\$2,097.50	\$2,139.45	\$146.83	\$209.75	\$251.70
Code ATC	Family	\$29,031.84	\$2,419.32	\$2,467.71	\$169.35	\$241.93	\$290.32
	Family No Spouse	\$27,575.28	\$2,297.94	\$2,343.90	\$160.86	\$229.79	\$275.75
Buy-up Select 1 pkg# 0066	Single	\$11,550.36	\$962.53	\$981.78	\$90.37	\$117.65	
	Sponsor Two Person	\$26,650.44	\$2,220.87	\$2,265.29	\$208.51	\$271.44	
Code DH	Family	\$30,740.04	\$2,561.67	\$2,612.90	\$240.53	\$313.11	
	Family No Spouse	\$29,197.56	\$2,433.13	\$2,481.79	\$228.45	\$297.39	
Select 2 pkg# 0064	Single	\$10,814.88	\$901.24	\$919.26	\$63.63	\$90.91	
	Sponsor Two Person	\$24,954.48	\$2,079.54	\$2,121.13	\$146.83	\$209.75	
Code DF	Family	\$28,782.84	\$2,398.57	\$2,446.54	\$169.35	\$241.93	
	Family No Spouse	\$27,338.88	\$2,278.24	\$2,323.80	\$160.86	\$229.79	
Signature Deduct** with \$500/\$1000 HSA Account pkg# 0069	Single	\$8,565.96	\$713.83	\$728.11	\$25.00	\$25.00	\$25.00
	Sponsor Two Person	\$19,730.28	\$1,644.19	\$1,677.07	\$50.00	\$50.00	\$50.00
Code DAG	Family	\$22,736.28	\$1,894.69	\$1,932.58	\$50.00	\$50.00	\$50.00
	Family No Spouse	\$21,613.32	\$1,801.11	\$1,837.13	\$50.00	\$50.00	\$50.00
AMV*** HDHP	Single	\$3,609.12	\$543.73	\$554.60	\$10.00	\$10.00	\$10.00
	Family No Spouse	\$9,106.08	\$1,371.91	\$1,399.35	\$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

\*\* 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.