

2025 BI-WEEKLY MEDICAL AND DENTAL DEDUCTION RATES

Plan	Person(s) Covered	Premium Cost			Sheriff Command & Executive Staff	
		Annual	Monthly	COBRA	Unit members as of 9/23/2016	Joined Unit after 9/23/2016
Base Plan Value 2 pkg. #0068 Code: ATC	Single	\$10,908.60	\$909.05	\$927.23	\$68.18	\$68.18
	Sponsor Two Person	\$25,170.00	\$2,097.50	\$2,139.45	\$157.31	\$157.31
	Family	\$29,031.84	\$2,419.32	\$2,467.71	\$181.45	\$181.45
	Family No Spouse	\$27,575.28	\$2,297.94	\$2,343.90	\$172.35	\$172.35
Signature Deduct** with \$500/\$1000 HSA Account pkg. #0069 Code DAG	Single	\$5,243.28	\$713.83	\$445.68	\$25.00	\$25.00
	Sponsor Two Person	\$12,076.80	\$1,644.19	\$1,026.53	\$50.00	\$50.00
	Family	\$13,916.76	\$1,894.69	\$1,182.92	\$50.00	\$50.00
	Family No Spouse	\$13,229.40	\$1,801.11	\$1,124.50	\$50.00	\$50.00
AMV*** HDHP	Single	\$3,609.12	\$543.73	\$554.60	\$10.00	\$10.00
	Family No Spouse	\$9,106.08	\$1,371.91	\$1,399.35	\$248.11	\$248.11
Dental - \$1200 cap	Single	\$472.80	\$39.40	\$40.19	\$4.00	\$4.00
	Family	\$1,014.00	\$84.50	\$86.19	\$8.00	\$8.00

** Signature Deduct 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.

