

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

Plan	Persons Covered	Premium Costs			Federation of Social Workers		
		Annual	Monthly	COBRA	Hired Before 2016	Hired on or after 1/1/16	48 hour Employees
<b>Base Plan Value 2 pkg. #0068</b>  Code: ATC	Single	\$10,908.60	\$909.05	\$927.23	\$72.72	\$104.54	\$227.26
	Sponsor Two Person	\$25,170.00	\$2,097.50	\$2,139.45	\$167.80	\$241.21	\$524.38
	Family	\$29,031.84	\$2,419.32	\$2,467.71	\$193.55	\$278.22	\$604.83
	Family No Spouse	\$27,575.28	\$2,297.94	\$2,343.90	\$183.84	\$264.26	\$574.49
Buy-up Select 1 pkg# 0066  Code DH	Single	\$11,550.36	\$962.53	\$981.78	\$99.46		
	Sponsor Two Person	\$26,650.44	\$2,220.87	\$2,265.29	\$229.49		
	Family	\$30,740.04	\$2,561.67	\$2,612.90	\$264.72		
	Family No Spouse	\$29,197.56	\$2,433.13	\$2,481.79	\$251.43		
Signature Deduct** with \$500/\$1000 HSA Account pkg. #0069  Code DAG	Single	\$8,565.96	\$713.83	\$728.11	\$25.00	\$25.00	
	Sponsor Two Person	\$19,730.28	\$1,644.19	\$1,677.07	\$50.00	\$50.00	
	Family	\$22,736.28	\$1,894.69	\$1,932.58	\$50.00	\$50.00	
	Family No Spouse	\$21,613.32	\$1,801.11	\$1,837.13	\$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	Single	\$445.20	\$37.10	\$37.84	\$0.33	\$0.33	
	Family	\$954.00	\$79.50	\$81.09	\$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.

