

2025 BI-WEEKLY MEDICAL AND DENTAL DEDUCTION RATES					
Plan	Person(s) Covered	Premium Cost			IAFF
		Annual	Monthly	COBRA	All Unit Members ****
Base Plan Value 2 pkg. #0068 Code: ATC	Single	\$10,908.60	\$909.05	\$927.23	\$81.47
	Sponsor Two Person	\$25,170.00	\$2,097.50	\$2,139.45	\$187.96
	Family	\$29,031.84	\$2,419.32	\$2,467.71	\$216.80
	Family No Spouse	\$27,575.28	\$2,297.94	\$2,343.90	\$205.92
Signature Deduct** with \$500/\$1000 HSA Account pkg. #0069 Code DAG	Single	\$8,565.96	\$713.83	\$728.11	\$71.38
	Sponsor Two Person	\$19,730.28	\$1,644.19	\$1,677.07	\$164.42
	Family	\$22,736.28	\$1,894.69	\$1,932.58	\$189.47
	Family No Spouse	\$21,613.32	\$1,801.11	\$1,837.13	\$180.11
AMV*** HDHP	Single	\$3,609.12	\$543.73	\$554.60	\$10.00
	Family No Spouse	\$9,106.08	\$1,371.91	\$1,399.35	\$248.11
Dental	Single	\$445.20	\$37.10	\$37.84	\$0.33
	Family	\$954.00	\$79.50	\$81.09	\$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.