

2025 BI-WEEKLY MEDICAL AND DENTAL DEDUCTION RATES

Plan	Person(s) Covered	Premium Cost			IUOE		
		Annual	Monthly	COBRA	CAT 1 Hired before 1/1/2009	CAT 2 Hired on or after 1/1/2009	CAT 3 Hired on or after 5/1/2017
Base Plan Value 2 pkg. #0068 Code: ATC	Single	\$10,908.60	\$909.05	\$927.23	\$77.27	\$90.91	\$109.09
	Sponsor Two Person	\$25,170.00	\$2,097.50	\$2,139.45	\$178.29	\$209.75	\$251.70
	Family	\$29,031.84	\$2,419.32	\$2,467.71	\$205.64	\$241.93	\$290.32
	Family No Spouse	\$27,575.28	\$2,297.94	\$2,343.90	\$195.32	\$229.79	\$275.75
Signature Deduct** with \$500/\$1000 HSA Account pkg. #0069 Code DAG	Single	\$5,243.28	\$713.83	\$445.68	\$25.00	\$25.00	\$25.00
	Sponsor Two Person	\$12,076.80	\$1,644.19	\$1,026.53	\$50.00	\$50.00	\$50.00
	Family	\$13,916.76	\$1,894.69	\$1,182.92	\$50.00	\$50.00	\$50.00
	Family No Spouse	\$13,229.40	\$1,801.11	\$1,124.50	\$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.