

| 2025 BI-WEEKLY MEDICAL AND DENTAL DEDUCTION RATES                                 |                    |              |            |            |                                      |
|---|--------------------|--------------|------------|------------|--------------------------------------|
| Plan  | Person(s) Covered  | Premium Cost |            |            | MCLEA<br>All Unit<br>Members<br>**** |
|   |                    | Annual       | Monthly    | COBRA      |                                      |
| <b>Base Plan<br/>Value 2<br/>pkg. #0068<br/><br/>Code: ATC</b>                    | Single             | \$10,908.60  | \$909.05   | \$927.23   | \$84.73                              |
|   | Sponsor Two Person | \$25,170.00  | \$2,097.50 | \$2,139.45 | \$195.50                             |
|   | Family             | \$29,031.84  | \$2,419.32 | \$2,467.71 | \$225.49                             |
|   | Family No Spouse   | \$27,575.28  | \$2,297.94 | \$2,343.90 | \$214.18                             |
|   |                    |              |            |            |                                      |
| Signature Deduct** with<br>\$500/\$1000 HSA Account<br>pkg. #0069<br><br>Code DAG | Single             | \$8,565.96   | \$713.83   | \$728.11   | \$25.00                              |
|   | Sponsor Two Person | \$19,730.28  | \$1,644.19 | \$1,677.07 | \$50.00                              |
|   | Family             | \$22,736.28  | \$1,894.69 | \$1,932.58 | \$50.00                              |
|   | Family No Spouse   | \$21,613.32  | \$1,801.11 | \$1,837.13 | \$50.00                              |
|   |                    |              |            |            |                                      |
| <b>AMV***<br/>HDHP</b>  | Single             | \$3,609.12   | \$543.73   | \$554.60   | \$10.00                              |
|   | Family No Spouse   | \$9,106.08   | \$137.19   | \$139.93   | \$248.11                             |
| <b>Dental</b>   | 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.