

**2025 BI-WEEKLY MEDICAL AND DENTAL
DEDUCTION RATES FOR DEPARTMENT HEADS AND M&P**

Plan	Persons Covered	Premium Cost			M&P	
		Annual	Monthly	COBRA	CAT 1 Hired before 1/1/06	CAT 2 Hired on or after 1/1/06
Simply Blue PPO Copay pkg. #0180 Code: CGY	Single	\$10,908.60	\$909.05	\$927.23	\$68.18	\$113.63
	Sponsor Two Person	\$25,170.00	\$2,097.50	\$2,139.45	\$157.31	\$262.19
	Family	\$29,031.84	\$2,419.32	\$2,467.71	\$181.45	\$302.42
	Family No Spouse	\$27,575.28	\$2,297.94	\$2,343.90	\$172.35	\$287.24
Simply Blue PPO Health Savings Account* pkg. #0181 Code: CGZ	Single	\$8,524.80	\$710.40	\$724.61	\$35.52	\$88.80
	Sponsor Two Person	\$19,635.60	\$1,636.30	\$1,669.03	\$81.82	\$204.54
	Family	\$22,626.96	\$1,885.58	\$1,923.29	\$94.28	\$235.70
	Family No Spouse	\$21,509.40	\$1,792.45	\$1,828.30	\$89.62	\$224.06
AMV** HDHP	Single	\$6,524.76	\$543.73	\$554.60	\$10.00	\$10.00
	Family No Spouse	\$16,462.92	\$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

* County funds \$900 towards the Single Deductible or \$2500 towards the Family Deductible for the Health Savings

** AMV (Affordable Minimum Value) is a \$6,000/\$12,000 HDHP plan offered in compliance with HCR employer mandates.