

2025 BI-WEEKLY MEDICAL AND DENTAL DEDUCTION RATES					
Plan	Person(s) Covered	Premium Cost			PBA
		Annual	Monthly	COBRA	All Unit Members
Signature Deduct* with \$2500/\$5000 HSA Account pkg. #0069 Code: DAG	Single	\$8,565.96	\$713.83	\$728.11	\$50.00
	Sponsor Two Person	\$19,730.28	\$1,644.19	\$1,677.07	\$100.00
	Family	\$22,736.28	\$1,894.69	\$1,932.58	\$100.00
	Family No Spouse	\$21,613.32	\$1,801.11	\$1,837.13	\$100.00
Dental	Single	\$445.20	\$37.10	\$37.84	\$0.33
	Family	\$954.00	\$79.50	\$81.09	\$0.82

*Rates and Plan are Subject to Legislative Approval
Signature Deductible is a High Deductible Health Plan with a County funded Health Savings Account