

DENTAL & VISION CONTRIBUTION RATES

Effective January 1, 2021

Contributions are deducted over 24 pay periods

Participation in the Dental and Vision plans is mandatory when participating in a County sponsored health plan.

	FULL TIME 64+ HOURS (PER PAY PERIOD)			PART TIME 40 - 63 HOURS (PER PAY PERIOD)			PART TIME 32 - 39 HOURS (PER PAY PERIOD)		
	For employees in GE, PL, SU, TC, PR & CR			For employees in GE, PL, SU, TC, PR & CR			For employees in GE, PL, SU, TC, PR & CR		
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
DELTA DENTAL PPO+PREMIER VSP CHOICE	\$25.27	\$45.49	\$63.18	\$25.27	\$45.49	\$63.18	\$25.27	\$45.49	\$63.18
	\$2.01	\$4.02	\$6.48	\$2.01	\$4.02	\$6.48	\$2.01	\$4.02	\$6.48
Total	\$27.28	\$49.51	\$69.66	\$27.28	\$49.51	\$69.66	\$27.28	\$49.51	\$69.66
Employer	\$21.83	\$39.61	\$55.73	\$16.37	\$29.71	\$41.80	\$10.92	\$19.81	\$27.87
Employee	\$5.45	\$9.90	\$13.93	\$10.91	\$19.80	\$27.86	\$16.36	\$29.70	\$41.79

	For employees in bargaining unit SA		
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
	DELTA DENTAL PPO+PREMIER VSP CHOICE	\$25.27	\$45.49
	\$1.70	\$3.40	\$5.48
Total	\$26.97	\$48.89	\$68.66
Employer	\$17.54	\$31.78	\$44.63
Employee	\$9.43	\$17.11	\$24.03
	NOTE: Employees receive \$4,108 over 24 pay periods in Optional Benefit credits, which can be used to offset employee contributions. (24 pay periods at \$171.17 each)		

	For employees in bargaining units CO, EL, UM & UD			For employees in bargaining units CO, EL, UM & UD			For employees in bargaining units CO, EL, UM & UD		
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
	DELTA DENTAL PPO+PREMIER VSP CHOICE	\$25.27	\$45.49	\$63.18	\$25.27	\$45.49	\$63.18	\$25.27	\$45.49
	\$2.01	\$4.02	\$6.48	\$2.01	\$4.02	\$6.48	\$2.01	\$4.02	\$6.48
Total	\$27.28	\$49.51	\$69.66	\$27.28	\$49.51	\$69.66	\$27.28	\$49.51	\$69.66
Employer	\$16.86	\$30.56	\$42.94	\$12.65	\$22.92	\$32.21	\$8.43	\$15.28	\$21.47
Employee	\$10.42	\$18.95	\$26.72	\$14.63	\$26.59	\$37.45	\$18.85	\$34.23	\$48.19
	NOTE: Employees receive \$6,240 over 24 pay periods in Optional Benefit credits, which can be used to offset employee contributions. (24 pay periods at \$260 each)			NOTE: Employees receive \$4,680 over 24 pay periods in Optional Benefit credits, which can be used to offset employee contributions. (24 pay periods at \$195 each)			NOTE: Employees receive \$3,120 over 24 pay periods in Optional Benefit credits, which can be used to offset employee contributions. (24 pay periods at \$130 each)		

	FULL TIME 64+ HOURS (PER PAY PERIOD)			PART TIME 40 - 63 HOURS (PER PAY PERIOD)			PART TIME 34 - 39 HOURS (PER PAY PERIOD)		
	For employees in bargaining units BD, CA, MA & SM			For employees in bargaining units BD, CA, MA & SM			For employees in bargaining units BD, CA, MA & SM		
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
DELTA DENTAL PPO+PREMIER VSP CHOICE	\$25.27	\$45.49	\$63.18	\$25.27	\$45.49	\$63.18	\$25.27	\$45.49	\$63.18
	\$2.01	\$4.02	\$6.48	\$2.01	\$4.02	\$6.48	\$2.01	\$4.02	\$6.48
Total	\$27.28	\$49.51	\$69.66	\$27.28	\$49.51	\$69.66	\$27.28	\$49.51	\$69.66
Employer	\$17.74	\$32.19	\$45.28	\$13.31	\$24.14	\$33.96	\$8.87	\$16.10	\$22.64
Employee	\$9.54	\$17.32	\$24.38	\$13.97	\$25.37	\$35.70	\$18.41	\$33.41	\$47.02
	NOTE: Employees in these bargaining units receive Optional Benefit credits which can be used to offset employee contributions BD: \$6,000 (24 pay periods at \$250) CA, MA, SM: \$6,240 (24 pay periods at \$260)			NOTE: Employees in these bargaining units receive Optional Benefit credits which can be used to offset employee contributions BD: \$6,000 (24 pay periods at \$250) CA, MA, SM: \$4,680 (24 pay periods at \$195)			NOTE: Employees in these bargaining units receive Optional Benefit credits which can be used to offset employee contributions BD: \$6,000 (24 pay periods at \$250) CA, MA, SM: \$3,120 (24 pay periods at \$130)		