

## DENTAL & VISION CONTRIBUTION RATES

Effective January 1, 2016

*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)

For employees in Local 1 and OE3 (GE, PL, SU, TC, PR & CR)			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>DELTA DENTAL PPO+PREMIER</b>	\$27.14	\$48.86	\$67.86
<b>VSP CHOICE</b>	\$2.64	\$5.28	\$8.50
Total	\$29.78	\$54.14	\$76.36
Employer	\$23.82	\$43.31	\$61.08
<b>Employee</b>	<b>\$5.96</b>	<b>\$10.83</b>	<b>\$15.27</b>

For employees in bargaining units CA, CC & MA			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>DELTA DENTAL PPO+PREMIER</b>	\$27.14	\$48.86	\$67.86
<b>VSP CHOICE</b>	\$2.64	\$5.28	\$8.50
Total	\$29.78	\$54.14	\$76.36
Employer	\$19.36	\$35.19	\$49.63
<b>Employee</b>	<b>\$10.42</b>	<b>\$18.95</b>	<b>\$26.72</b>

*NOTE: Employees receive \$6,000 over 24 pay periods in Optional Benefit credits, which can be used to offset employee contributions. (24 pay periods at \$250 each)*

For employees in bargaining unit SA			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>DELTA DENTAL PPO+PREMIER</b>	\$27.14	\$48.86	\$67.86
<b>VSP CHOICE</b>	\$2.64	\$5.28	\$8.50
Total	\$29.78	\$54.14	\$76.36
Employer	\$19.36	\$35.19	\$49.63
<b>Employee</b>	<b>\$10.42</b>	<b>\$18.95</b>	<b>\$26.72</b>

*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, SM, UM & UD			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>DELTA DENTAL PPO+PREMIER</b>	\$27.14	\$48.86	\$67.86
<b>VSP CHOICE</b>	\$2.64	\$5.28	\$8.50
Total	\$29.78	\$54.14	\$76.36
Employer	\$19.36	\$35.19	\$49.63
<b>Employee</b>	<b>\$10.42</b>	<b>\$18.95</b>	<b>\$26.72</b>

*NOTE: Employees receive \$6,000 over 24 pay periods in Optional Benefit credits, which can be used to offset employee contributions. (24 pay periods at \$250 each)*

# DENTAL & VISION CONTRIBUTION RATES

Effective January 1, 2016

*Contributions are deducted over 24 pay periods*

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

## PART TIME 40 - 63 HOURS (PER PAY PERIOD)

For employees in Local 1 and OE3 (GE, PL, SU, TC, PR & CR)			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>DELTA DENTAL PPO+PREMIER</b>	\$27.14	\$48.86	\$67.86
<b>VSP CHOICE</b>	\$2.64	\$5.28	\$8.50
Total	\$29.78	\$54.14	\$76.36
Employer	\$17.87	\$32.48	\$45.81
<b>Employee</b>	<b>\$11.91</b>	<b>\$21.65</b>	<b>\$30.54</b>

For employees in bargaining units CA, CC & MA			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>DELTA DENTAL PPO+PREMIER</b>	\$27.14	\$48.86	\$67.86
<b>VSP CHOICE</b>	\$2.64	\$5.28	\$8.50
Total	\$29.78	\$54.14	\$76.36
Employer	\$14.52	\$26.39	\$37.22
<b>Employee</b>	<b>\$15.26</b>	<b>\$27.74</b>	<b>\$39.13</b>

*NOTE: Employees receive \$4,500 over 24 pay periods in Optional Benefit credits, which can be used to offset employee contributions. (24 pay periods at \$187.50 each)*

For employees in bargaining unit SA			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>DELTA DENTAL PPO+PREMIER</b>	\$27.14	\$48.86	\$67.86
<b>VSP CHOICE</b>	\$2.64	\$5.28	\$8.50
Total	\$29.78	\$54.14	\$76.36
Employer	\$14.52	\$26.39	\$37.22
<b>Employee</b>	<b>\$15.26</b>	<b>\$27.74</b>	<b>\$39.13</b>

*NOTE: Employees receive \$3,081 over 24 pay periods in Optional Benefit credits, which can be used to offset employee contributions. (24 pay periods at \$128.38 each)*

For employees in bargaining units CO, EL, SM, UM & UD			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>DELTA DENTAL PPO+PREMIER</b>	\$27.14	\$48.86	\$67.86
<b>VSP CHOICE</b>	\$2.64	\$5.28	\$8.50
Total	\$29.78	\$54.14	\$76.36
Employer	\$14.52	\$26.39	\$37.22
<b>Employee</b>	<b>\$15.26</b>	<b>\$27.74</b>	<b>\$39.13</b>

*NOTE: Employees receive \$4,500 over 24 pay periods in Optional Benefit credits, which can be used to offset employee contributions. (24 pay periods at \$187.50 each)*

# DENTAL & VISION CONTRIBUTION RATES

Effective January 1, 2016

*Contributions are deducted over 24 pay periods*

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

## PART TIME 32 - 39 HOURS (PER PAY PERIOD)

For employees in Local 1 and OE3 (GE, PL, SU, TC, PR & CR)			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>DELTA DENTAL PPO+PREMIER</b>	\$27.14	\$48.86	\$67.86
<b>VSP CHOICE</b>	\$2.64	\$5.28	\$8.50
Total	\$29.78	\$54.14	\$76.36
Employer	\$11.91	\$21.65	\$30.54
<b>Employee</b>	<b>\$17.87</b>	<b>\$32.48</b>	<b>\$45.81</b>

For employees in bargaining units CA, CC & MA			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>DELTA DENTAL PPO+PREMIER</b>	\$27.14	\$48.86	\$67.86
<b>VSP CHOICE</b>	\$2.64	\$5.28	\$8.50
Total	\$29.78	\$54.14	\$76.36
Employer	\$9.68	\$17.59	\$24.82
<b>Employee</b>	<b>\$20.10</b>	<b>\$36.54</b>	<b>\$51.54</b>

*NOTE: Employees receive \$3,000 over 24 pay periods in Optional Benefit credits, which can be used to offset employee contributions. (24 pay periods at \$125 each)*

For employees in bargaining unit SA			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>DELTA DENTAL PPO+PREMIER</b>	\$27.14	\$48.86	\$67.86
<b>VSP CHOICE</b>	\$2.64	\$5.28	\$8.50
Total	\$29.78	\$54.14	\$76.36
Employer	\$9.68	\$17.59	\$24.82
<b>Employee</b>	<b>\$20.10</b>	<b>\$36.54</b>	<b>\$51.54</b>

*NOTE: Employees receive \$2,054 over 24 pay periods in Optional Benefit credits, which can be used to offset employee contributions. (24 pay periods at \$85.58 each)*

For employees in bargaining units CO, EL, SM, UM & UD			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>DELTA DENTAL PPO+PREMIER</b>	\$27.14	\$48.86	\$67.86
<b>VSP CHOICE</b>	\$2.64	\$5.28	\$8.50
Total	\$29.78	\$54.14	\$76.36
Employer	\$9.68	\$17.59	\$24.82
<b>Employee</b>	<b>\$20.10</b>	<b>\$36.54</b>	<b>\$51.54</b>

*NOTE: Employees receive \$3,000 over 24 pay periods in Optional Benefit credits, which can be used to offset employee contributions. (24 pay periods at \$125 each)*