

DENTAL & VISION CONTRIBUTION RATES

Effective January 1, 2017

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 Local 1, OE3 and Probation			For employees in Local 1, OE3 and Probation			For employees in Local 1, OE3 and Probation		
	<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	\$27.14	\$48.85	\$67.85	\$27.14	\$48.85	\$67.85	\$27.14	\$48.85	\$67.85
	\$2.29	\$4.58	\$7.37	\$2.29	\$4.58	\$7.37	\$2.29	\$4.58	\$7.37
Total	\$29.43	\$53.43	\$75.22	\$29.43	\$53.43	\$75.22	\$29.43	\$53.43	\$75.22
Employer	\$23.55	\$42.75	\$60.18	\$17.66	\$32.06	\$45.14	\$11.78	\$21.38	\$30.09
Employee	\$5.88	\$10.68	\$15.04	\$11.77	\$21.37	\$30.08	\$17.65	\$32.05	\$45.13

	For employees in bargaining units CA, CC & MA			For employees in bargaining units CA, CC & MA			For employees in bargaining units CA, CC & MA		
	<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	\$27.14	\$48.85	\$67.85	\$27.14	\$48.85	\$67.85	\$27.14	\$48.85
	\$2.29	\$4.58	\$7.37	\$2.29	\$4.58	\$7.37	\$2.29	\$4.58	\$7.37
Total	\$29.43	\$53.43	\$75.22	\$29.43	\$53.43	\$75.22	\$29.43	\$53.43	\$75.22
Employer	\$19.13	\$34.73	\$48.90	\$14.35	\$26.05	\$36.68	\$9.57	\$17.37	\$24.45
Employee	\$10.30	\$18.70	\$26.32	\$15.08	\$27.38	\$38.54	\$19.86	\$36.06	\$50.77
	<i>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)</i>			<i>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 \$188 each)</i>			<i>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)</i>		

	For employees in bargaining unit SA		
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
	DELTA DENTAL PPO+PREMIER VSP CHOICE	\$27.14	\$48.85
	\$2.29	\$4.58	\$7.37
Total	\$29.43	\$53.43	\$75.22
Employer	\$19.13	\$34.73	\$48.90
Employee	\$10.30	\$18.70	\$26.32
	<i>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)</i>		

	For employees in bargaining units CO, EL, SM, UM & UD			For employees in bargaining units CO, EL, SM, UM & UD			For employees in bargaining units CO, EL, SM, 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	\$27.14	\$48.85	\$67.85	\$27.14	\$48.85	\$67.85	\$27.14	\$48.85
	\$2.29	\$4.58	\$7.37	\$2.29	\$4.58	\$7.37	\$2.29	\$4.58	\$7.37
Total	\$29.43	\$53.43	\$75.22	\$29.43	\$53.43	\$75.22	\$29.43	\$53.43	\$75.22
Employer	\$19.01	\$34.48	\$48.50	\$14.26	\$25.86	\$36.38	\$9.51	\$17.24	\$24.25
Employee	\$10.42	\$18.95	\$26.72	\$15.17	\$27.57	\$38.84	\$19.92	\$36.19	\$50.97
	<i>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)</i>			<i>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 \$188 each)</i>			<i>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)</i>		