

DENTAL & VISION CONTRIBUTION RATES

Effective January 1, 2019

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		
	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY
DELTA DENTAL PPO+PREMIER VSP CHOICE	\$27.14	\$48.85	\$67.85	\$27.14	\$48.85	\$67.85	\$27.14	\$48.85	\$67.85
	\$1.87	\$3.73	\$6.01	\$1.87	\$3.73	\$6.01	\$1.87	\$3.73	\$6.01
Total	\$29.01	\$52.58	\$73.86	\$29.01	\$52.58	\$73.86	\$29.01	\$52.58	\$73.86
Employer	\$23.21	\$42.07	\$59.09	\$17.41	\$31.55	\$44.32	\$11.61	\$21.04	\$29.55
Employee	\$5.80	\$10.51	\$14.77	\$11.60	\$21.03	\$29.54	\$17.40	\$31.54	\$44.31

	For employees in bargaining units CA, CC, MA & SM			For employees in bargaining units CA, CC, MA & SM			For employees in bargaining units CA, CC, MA & SM		
	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY
	DELTA DENTAL PPO+PREMIER VSP CHOICE	\$27.14	\$48.85	\$67.85	\$27.14	\$48.85	\$67.85	\$27.14	\$48.85
	\$1.87	\$3.73	\$6.01	\$1.87	\$3.73	\$6.01	\$1.87	\$3.73	\$6.01
Total	\$29.01	\$52.58	\$73.86	\$29.01	\$52.58	\$73.86	\$29.01	\$52.58	\$73.86
Employer	\$18.86	\$34.18	\$48.01	\$14.15	\$25.64	\$36.01	\$9.43	\$17.09	\$24.01
Employee	\$10.15	\$18.40	\$25.85	\$14.86	\$26.94	\$37.85	\$19.58	\$35.49	\$49.85
	<i>NOTE: Employees in these bargaining units receive Optional Benefit credits which can be used to offset employee contributions. \$6,240 (\$260 24 times per year)</i>			<i>NOTE: Employees in these bargaining units receive Optional Benefit credits which can be used to offset employee contributions. \$4,680 (\$195 24 times per year)</i>			<i>NOTE: Employees in these bargaining units receive Optional Benefit credits which can be used to offset employee contributions. \$3,120 (\$130 24 times per year)</i>		

	For employees in bargaining unit SA		
	EE ONLY	EE+1	FAMILY
	DELTA DENTAL PPO+PREMIER VSP CHOICE	\$27.14	\$48.85
	\$1.87	\$3.73	\$6.01
Total	\$29.01	\$52.58	\$73.86
Employer	\$18.86	\$34.18	\$48.01
Employee	\$10.15	\$18.40	\$25.85
	<i>NOTE: Employees receive \$4,108.08 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, UM & UD			For employees in bargaining units CO, EL, UM & UD			For employees in bargaining units CO, EL, UM & UD		
	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY
	DELTA DENTAL PPO+PREMIER VSP CHOICE	\$27.14	\$48.85	\$67.85	\$27.14	\$48.85	\$67.85	\$27.14	\$48.85
	\$1.87	\$3.73	\$6.01	\$1.87	\$3.73	\$6.01	\$1.87	\$3.73	\$6.01
Total	\$29.01	\$52.58	\$73.86	\$29.01	\$52.58	\$73.86	\$29.01	\$52.58	\$73.86
Employer	\$18.59	\$33.63	\$47.14	\$13.94	\$25.22	\$35.36	\$9.30	\$16.82	\$23.57
Employee	\$10.42	\$18.95	\$26.72	\$15.07	\$27.36	\$38.50	\$19.71	\$35.76	\$50.29
	<i>NOTE: Employees in these bargaining units receive Optional Benefit credits which can be used to offset employee contributions. \$6,240 (\$260 24 times per year)</i>			<i>NOTE: Employees in these bargaining units receive Optional Benefit credits which can be used to offset employee contributions. \$4,680 (\$195 24 times per year)</i>			<i>NOTE: Employees in these bargaining units receive Optional Benefit credits which can be used to offset employee contributions. \$3,120 (\$130 24 times per year)</i>		