

GLENN COUNTY MID-MANAGERS' ASSOCIATION - 2022

VISION

MEDICAL EYE SERVICES (MES)				
	PLAN CODE	GROSS MONTHLY PREMIUM	MONTHLY EMPLOYEE COST	BI-WEEKLY DEDUCTION
Emp. Only	MES1	\$7.98	\$0.00	\$0.00
Emp. & Spouse	MES2	\$14.36	\$1.60	\$0.80
Emp & Child(ren)	MES4	\$14.07	\$1.31	\$0.66
Emp & Family	MES3	\$20.59	\$7.83	\$3.92

DENTAL

DELTA DENTAL PPO				
	PLAN CODE	GROSS MONTHLY PREMIUM	MONTHLY EMPLOYEE COST	BI-WEEKLY DEDUCTION
Emp. Only	DPP1	\$48.00	\$17.64	\$8.82
Emp. & Spouse	DPP2	\$92.00	\$61.64	\$30.82
Emp & Child(ren)	DPP4	\$86.10	\$55.74	\$27.87
Emp & Family	DPP3	\$130.70	\$100.34	\$50.17

DELTA DENTAL HMO				<i>(Their clinics only)</i>
	PLAN CODE	GROSS MONTHLY PREMIUM	MONTHLY EMPLOYEE COST	BI-WEEKLY DEDUCTION
Emp. Only	DHM1	\$16.80	\$0.00	\$0.00
Emp. & 1 Dep.	DHM2	\$29.80	\$0.00	\$0.00
Emp & 2+ Deps.	DHM3	\$43.90	\$13.54	\$6.77

This information is current as of 5/7/21 and is subject to change based on premium changes by the vendors or EE cost changes resulting from action by the Board of Supervisors.

To calculate your bi-weekly deduction use the following formula: Health Deduction + Vision Deduction + Dental Deduction = Total Deduction