

GENERAL UNIT - 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	\$6.38	\$3.19
Emp & Child(ren)	MES4	\$14.07	\$6.09	\$3.05
Emp & Family	MES3	\$20.59	\$12.61	\$6.31

DENTAL

DELTA DENTAL PPO				
	PLAN CODE	GROSS MONTHLY PREMIUM	MONTHLY EMPLOYEE COST	BI-WEEKLY DEDUCTION
Emp. Only	DPP1	\$48.00	\$48.00	\$24.00
Emp. & Spouse	DPP2	\$92.00	\$92.00	\$46.00
Emp & Child(ren)	DPP4	\$86.10	\$86.10	\$43.05
Emp & Family	DPP3	\$130.70	\$130.70	\$65.35

DELTA DENTAL HMO				(Their clinics only)
	PLAN CODE	GROSS MONTHLY PREMIUM	MONTHLY EMPLOYEE COST	BI-WEEKLY DEDUCTION
Emp. Only	DHM1	\$16.80	\$16.80	\$8.40
Emp. & 1 Dep.	DHM2	\$29.80	\$29.80	\$14.90
Emp & 2+ Deps.	DHM3	\$43.90	\$43.90	\$21.95

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