

# PEACE OFFICERS' ASSOCIATION - 2022

## VISION

MEDICAL EYE SERVICES (MES)				
	PLAN CODE	GROSS MONTHLY PREMIUM	MONTHLY EMPLOYEE COST	BI-WEEKLY DEDUCTION
Emp. Only	MES1	\$7.98	\$0.80	\$0.40
Emp. & Spouse	MES2	\$14.36	\$7.18	\$3.59
Emp & Child(ren)	MES4	\$14.07	\$6.89	\$3.45
Emp & Family	MES3	\$20.59	\$13.41	\$6.71

## DENTAL

DELTA DENTAL PPO				
	PLAN CODE	GROSS MONTHLY PREMIUM	MONTHLY EMPLOYEE COST	BI-WEEKLY DEDUCTION
Emp. Only	DPP1	\$48.00	\$4.80	\$2.40
Emp. & Spouse	DPP2	\$92.00	\$48.80	\$24.40
Emp & Child(ren)	DPP4	\$86.10	\$42.90	\$21.45
Emp & Family	DPP3	\$130.70	\$87.50	\$43.75

DELTA DENTAL HMO				
	PLAN CODE	GROSS MONTHLY PREMIUM	MONTHLY EMPLOYEE COST	BI-WEEKLY DEDUCTION
Emp. Only	DHM1	\$16.80	\$1.68	\$0.84
Emp. & 1 Dep.	DHM2	\$29.80	\$14.68	\$7.34
Emp & 2+ Deps.	DHM3	\$43.90	\$28.78	\$14.39

*(Their clinics only)*

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