

## DEPUTY SHERIFF'S ASSOCIATION - 2025

### VISION

EYEMED VISION				
	PLAN CODE	GROSS MONTHLY PREMIUM	MONTHLY EMPLOYEE COST	BI-WEEKLY DEDUCTION
Emp. Only	EYE1	\$7.98	\$0.00	\$0.00
Emp. & Spouse	EYE2	\$14.36	\$6.38	\$3.19
Emp & Child(ren)	EYE4	\$14.07	\$6.10	\$3.05
Emp & Family	EYE3	\$20.59	\$12.62	\$6.31

### DENTAL

AMERITAS - BASE PLAN (PPO)				
	PLAN CODE	GROSS MONTHLY PREMIUM	MONTHLY EMPLOYEE COST	BI-WEEKLY DEDUCTION
Emp. Only	ABP1	\$38.30	\$38.30	\$19.15
Emp. & Spouse	ABP2	\$73.30	\$73.30	\$36.65
Emp & Child(ren)	ABP4	\$68.60	\$68.60	\$34.30
Emp & Family	ABP3	\$104.20	\$104.20	\$52.10

AMERITAS - BUY-UP PLAN (PPO)				
	PLAN CODE	GROSS MONTHLY PREMIUM	MONTHLY EMPLOYEE COST	BI-WEEKLY DEDUCTION
Emp. Only	ABU1	\$64.10	\$64.10	\$32.05
Emp. & Spouse	ABU2	\$122.80	\$122.80	\$61.40
Emp & Child(ren)	ABU4	\$114.90	\$114.90	\$57.45
Emp & Family	ABU3	\$174.40	\$174.40	\$87.20

DELTA CARE (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 10/2/24 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