

NON-REPRESENTED - 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	\$0.00	\$0.00
Emp. & Spouse	ABP2	\$73.30	\$35.00	\$17.50
Emp & Child(ren)	ABP4	\$68.60	\$30.30	\$15.15
Emp & Family	ABP3	\$104.20	\$65.90	\$32.95

AMERITAS - BUY-UP PLAN (PPO)				
	PLAN CODE	GROSS MONTHLY PREMIUM	MONTHLY EMPLOYEE COST	BI-WEEKLY DEDUCTION
Emp. Only	ABU1	\$64.10	\$25.80	\$12.90
Emp. & Spouse	ABU2	\$122.80	\$84.50	\$42.25
Emp & Child(ren)	ABU4	\$114.90	\$76.60	\$38.30
Emp & Family	ABU3	\$174.40	\$136.10	\$68.05

DELTA CARE (HMO)				Their Clinics Only
	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	\$5.60	\$2.80

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