

# GLENN COUNTY MID-MANAGERS' ASSOCIATION - 2026

## 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	\$1.60	\$0.80
Emp & Child(ren)	EYE4	\$14.07	\$1.32	\$0.66
Emp & Family	EYE3	\$20.59	\$7.84	\$3.92

## DENTAL

AMERITAS - BASE PLAN (PPO)				
	PLAN CODE	GROSS MONTHLY PREMIUM	MONTHLY EMPLOYEE COST	BI-WEEKLY DEDUCTION
Emp. Only	ABP1	\$39.10	\$8.74	\$4.37
Emp. & Spouse	ABP2	\$74.70	\$44.34	\$22.17
Emp & Child(ren)	ABP4	\$70.00	\$39.64	\$19.82
Emp & Family	ABP3	\$106.20	\$75.84	\$37.92

AMERITAS - BUY-UP PLAN (PPO)				
	PLAN CODE	GROSS MONTHLY PREMIUM	MONTHLY EMPLOYEE COST	BI-WEEKLY DEDUCTION
Emp. Only	ABU1	\$66.70	\$36.34	\$18.17
Emp. & Spouse	ABU2	\$127.70	\$97.34	\$48.67
Emp & Child(ren)	ABU4	\$119.40	\$89.04	\$44.52
Emp & Family	ABU3	\$181.30	\$150.94	\$75.47

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	\$13.54	\$6.77

This information is current as of 7/21/25 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