

PEACE OFFICERS' ASSOCIATION - 2026

VISION

EYEMED VISION				
	PLAN CODE	GROSS MONTHLY PREMIUM	MONTHLY EMPLOYEE COST	BI-WEEKLY DEDUCTION
Emp. Only	EYE1	\$7.98	\$0.80	\$0.40
Emp. & Spouse	EYE2	\$14.36	\$7.18	\$3.59
Emp & Child(ren)	EYE4	\$14.07	\$6.90	\$3.45
Emp & Family	EYE3	\$20.59	\$13.42	\$6.71

DENTAL

AMERITAS - BASE PLAN (PPO)				
	PLAN CODE	GROSS MONTHLY PREMIUM	MONTHLY EMPLOYEE COST	BI-WEEKLY DEDUCTION
Emp. Only	ABP1	\$39.10	\$3.90	\$1.95
Emp. & Spouse	ABP2	\$74.70	\$39.50	\$19.75
Emp & Child(ren)	ABP4	\$70.00	\$34.80	\$17.40
Emp & Family	ABP3	\$106.20	\$71.00	\$35.50

AMERITAS - BUY-UP PLAN (PPO)				
	PLAN CODE	GROSS MONTHLY PREMIUM	MONTHLY EMPLOYEE COST	BI-WEEKLY DEDUCTION
Emp. Only	ABU1	\$66.70	\$31.50	\$15.75
Emp. & Spouse	ABU2	\$127.70	\$92.50	\$46.25
Emp & Child(ren)	ABU4	\$119.40	\$84.20	\$42.10
Emp & Family	ABU3	\$181.30	\$146.10	\$73.05

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	\$8.70	\$4.35

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