

DENTAL & VISION CONTRIBUTION RATES

Effective January 1, 2024

Contributions are deducted over 24 pay periods

Participation in the Dental and Vision plans is mandatory when participating in a County sponsored health plan.

	FULL TIME 64+ HOURS (PER PAY PERIOD)			PART TIME 40 - 63 HOURS (PER PAY PERIOD)			PART TIME 32 - 39 HOURS (PER PAY PERIOD)		
	For employees in GE, PL, SU, TC, PR & CR			For employees in GE, PL, SU, TC, PR & CR			For employees in GE, PL, SU, TC, PR & CR		
	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY
DELTA DENTAL PPO+PREMIER VSP CHOICE	\$23.75	\$42.75	\$59.37	\$23.75	\$42.75	\$59.37	\$23.75	\$42.75	\$59.37
	\$2.25	\$4.49	\$7.23	\$2.25	\$4.49	\$7.23	\$2.25	\$4.49	\$7.23
Total	\$26.00	\$47.24	\$66.60	\$26.00	\$47.24	\$66.60	\$26.00	\$47.24	\$66.60
Employer	\$20.80	\$37.80	\$53.28	\$15.60	\$28.35	\$39.96	\$10.40	\$18.90	\$26.64
Employee	\$5.20	\$9.44	\$13.32	\$10.40	\$18.89	\$26.64	\$15.60	\$28.34	\$39.96

	For employees in bargaining unit SA		
	EE ONLY	EE+1	FAMILY
DELTA DENTAL PPO+PREMIER VSP CHOICE	\$23.75	\$42.75	\$59.37
	\$1.90	\$3.80	\$6.12
Total	\$25.65	\$46.55	\$65.49
Employer	\$16.68	\$30.26	\$42.57
Employee	\$8.97	\$16.29	\$22.92
	<i>NOTE: Employees receive \$4,108 over 24 pay periods in Optional Benefit credits, which can be used to offset employee contributions. (24 pay periods at \$171.17 each)</i>		

	For employees in bargaining units CO, EL, UM & UD			For employees in bargaining units CO, EL, UM & UD			For employees in bargaining units CO, EL, UM & UD		
	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY
	DELTA DENTAL PPO+PREMIER VSP CHOICE	\$23.75	\$42.75	\$59.37	\$23.75	\$42.75	\$59.37	\$23.75	\$42.75
	\$2.25	\$4.49	\$7.23	\$2.25	\$4.49	\$7.23	\$2.25	\$4.49	\$7.23
Total	\$26.00	\$47.24	\$66.60	\$26.00	\$47.24	\$66.60	\$26.00	\$47.24	\$66.60
Employer	\$15.58	\$28.29	\$39.88	\$11.69	\$21.22	\$29.91	\$7.79	\$14.15	\$19.94
Employee	\$10.42	\$18.95	\$26.72	\$14.31	\$26.02	\$36.69	\$18.21	\$33.09	\$46.66
	<i>NOTE: Employees receive \$6,240 over 24 pay periods in Optional Benefit credits, which can be used to offset employee contributions. (24 pay periods at \$260 each)</i>			<i>NOTE: Employees receive \$4,680 over 24 pay periods in Optional Benefit credits, which can be used to offset employee contributions. (24 pay periods at \$195 each)</i>			<i>NOTE: Employees receive \$3,120 over 24 pay periods in Optional Benefit credits, which can be used to offset employee contributions. (24 pay periods at \$130 each)</i>		

	For employees in bargaining units BD, CA, MA & SM			For employees in bargaining units BD, CA, MA & SM			For employees in bargaining units BD, CA, MA & SM		
	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY	EE ONLY	EE+1	FAMILY
	DELTA DENTAL PPO+PREMIER VSP CHOICE	\$23.75	\$42.75	\$59.37	\$23.75	\$42.75	\$59.37	\$23.75	\$42.75
	\$2.25	\$4.49	\$7.23	\$2.25	\$4.49	\$7.23	\$2.25	\$4.49	\$7.23
Total	\$26.00	\$47.24	\$66.60	\$26.00	\$47.24	\$66.60	\$26.00	\$47.24	\$66.60
Employer	\$16.90	\$30.71	\$43.29	\$12.68	\$23.03	\$32.47	\$8.45	\$15.36	\$21.65
Employee	\$9.10	\$16.53	\$23.31	\$13.32	\$24.21	\$34.13	\$17.55	\$31.88	\$44.95
	<i>NOTE: Employees in these bargaining units receive Optional Benefit credits which can be used to offset employee contributions BD: \$6,000 (24 pay periods at \$250) CA, MA, SM: \$6,240 (24 pay periods at \$260)</i>			<i>NOTE: Employees in these bargaining units receive Optional Benefit credits which can be used to offset employee contributions BD: \$6,000 (24 pay periods at \$250) CA, MA, SM: \$4,680 (24 pay periods at \$195)</i>			<i>NOTE: Employees in these bargaining units receive Optional Benefit credits which can be used to offset employee contributions BD: \$6,000 (24 pay periods at \$250) CA, MA, SM: \$3,120 (24 pay periods at \$130)</i>		