

DENTAL & VISION CONTRIBUTION RATES

Effective January 1, 2027

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		
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
DELTA DENTAL PPO+PREMIER VSP CHOICE	\$27.20	\$48.96	\$68.01	\$27.20	\$48.96	\$68.01	\$27.20	\$48.96	\$68.01
	\$2.70	\$5.38	\$8.68	\$2.70	\$5.38	\$8.68	\$2.70	\$5.38	\$8.68
Total	\$29.90	\$54.34	\$76.69	\$29.90	\$54.34	\$76.69	\$29.90	\$54.34	\$76.69
Employer	\$23.92	\$43.48	\$61.36	\$17.94	\$32.61	\$46.02	\$11.96	\$21.74	\$30.68
Employee	\$5.98	\$10.86	\$15.33	\$11.96	\$21.73	\$30.67	\$17.94	\$32.60	\$46.01

	For employees in bargaining unit SA		
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
DELTA DENTAL PPO+PREMIER VSP CHOICE	\$27.20	\$48.96	\$68.01
	\$2.28	\$4.56	\$7.34
Total	\$29.48	\$53.52	\$75.35
Employer	\$19.17	\$34.79	\$48.98
Employee	\$10.31	\$18.73	\$26.37
	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)		

	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		
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
DELTA DENTAL PPO+PREMIER VSP CHOICE	\$27.20	\$48.96	\$68.01	\$27.20	\$48.96	\$68.01	\$27.20	\$48.96	\$68.01
	\$2.70	\$5.38	\$8.68	\$2.70	\$5.38	\$8.68	\$2.70	\$5.38	\$8.68
Total	\$29.90	\$54.34	\$76.69	\$29.90	\$54.34	\$76.69	\$29.90	\$54.34	\$76.69
Employer	\$19.48	\$35.39	\$49.97	\$14.61	\$26.54	\$37.48	\$9.74	\$17.70	\$24.99
Employee	\$10.42	\$18.95	\$26.72	\$15.29	\$27.80	\$39.21	\$20.16	\$36.64	\$51.70
	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)			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)			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)		

	For employees in bargaining units BD, MA & SM			For employees in bargaining units BD, MA & SM			For employees in bargaining units BD, MA & SM		
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
DELTA DENTAL PPO+PREMIER VSP CHOICE	\$27.20	\$48.96	\$68.01	\$27.20	\$48.96	\$68.01	\$27.20	\$48.96	\$68.01
	\$2.70	\$5.38	\$8.68	\$2.70	\$5.38	\$8.68	\$2.70	\$5.38	\$8.68
Total	\$29.90	\$54.34	\$76.69	\$29.90	\$54.34	\$76.69	\$29.90	\$54.34	\$76.69
Employer	\$19.44	\$35.33	\$49.85	\$14.58	\$26.50	\$37.39	\$9.72	\$17.67	\$24.93
Employee	\$10.46	\$19.01	\$26.84	\$15.32	\$27.84	\$39.30	\$20.18	\$36.67	\$51.76
	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) MA, SM: \$6,240 (24 pay periods at \$260)			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) MA, SM: \$4,680 (24 pay periods at \$195)			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) MA, SM: \$3,120 (24 pay periods at \$130)		