

DENTAL & VISION CONTRIBUTION RATES

Effective January 1, 2016

Contributions are deducted over 24 pay periods

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

PART TIME 40 - 63 HOURS (PER PAY PERIOD)

For employees in Local 1 and OE3 (GE, PL, SU, TC, PR & CR)			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
DELTA DENTAL PPO+PREMIER	\$27.14	\$48.86	\$67.86
VSP CHOICE	\$2.64	\$5.28	\$8.50
Total	\$29.78	\$54.14	\$76.36
Employer	\$17.87	\$32.48	\$45.81
Employee	\$11.91	\$21.65	\$30.54

For employees in bargaining units CA, CC & MA			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
DELTA DENTAL PPO+PREMIER	\$27.14	\$48.86	\$67.86
VSP CHOICE	\$2.64	\$5.28	\$8.50
Total	\$29.78	\$54.14	\$76.36
Employer	\$14.52	\$26.39	\$37.22
Employee	\$15.26	\$27.74	\$39.13

NOTE: Employees receive \$6,000 over 24 pay periods in Optional Benefit credits, which can be used to offset employee contributions. (24 pay periods at \$250 each)

For employees in bargaining unit SA			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
DELTA DENTAL PPO+PREMIER	\$27.14	\$48.86	\$67.86
VSP CHOICE	\$2.64	\$5.28	\$8.50
Total	\$29.78	\$54.14	\$76.36
Employer	\$14.52	\$26.39	\$37.22
Employee	\$15.26	\$27.74	\$39.13

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 \$250 each)

For employees in bargaining units CO, EL, SM, UM & UD			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
DELTA DENTAL PPO+PREMIER	\$27.14	\$48.86	\$67.86
VSP CHOICE	\$2.64	\$5.28	\$8.50
Total	\$29.78	\$54.14	\$76.36
Employer	\$14.52	\$26.39	\$37.22
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DENTAL & VISION CONTRIBUTION RATES

Effective January 1, 2016

Contributions are deducted over 24 pay periods

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

PART TIME 32 - 39 HOURS (PER PAY PERIOD)

For employees in Local 1 and OE3 (GE, PL, SU, TC, PR & CR)			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
DELTA DENTAL PPO+PREMIER	\$27.14	\$48.86	\$67.86
VSP CHOICE	\$2.64	\$5.28	\$8.50
Total	\$29.78	\$54.14	\$76.36
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Employee	\$17.87	\$32.48	\$45.81

For employees in bargaining units CA, CC & MA			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
DELTA DENTAL PPO+PREMIER	\$27.14	\$48.86	\$67.86
VSP CHOICE	\$2.64	\$5.28	\$8.50
Total	\$29.78	\$54.14	\$76.36
Employer	\$9.68	\$17.59	\$24.82
Employee	\$20.10	\$36.54	\$51.54

NOTE: Employees receive \$6,000 over 24 pay periods in Optional Benefit credits, which can be used to offset employee contributions. (24 pay periods at \$250 each)

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