

DEPUTY SHERIFF'S ASSOCIATION - 2024

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 | \$6.38 | \$3.19 |
| Emp & Child(ren) | EYE4 | \$14.07 | \$6.10 | \$3.05 |
| Emp & Family | EYE3 | \$20.59 | \$12.62 | \$6.31 |

DENTAL

| DELTA DENTAL PPO | | | | |
|-------------------------|-----------|-----------------------|-----------------------|---------------------|
| | PLAN CODE | GROSS MONTHLY PREMIUM | MONTHLY EMPLOYEE COST | BI-WEEKLY DEDUCTION |
| Emp. Only | DPP1 | \$43.60 | \$43.60 | \$21.80 |
| Emp. & Spouse | DPP2 | \$83.50 | \$83.50 | \$41.75 |
| Emp & Child(ren) | DPP4 | \$78.10 | \$78.10 | \$39.05 |
| Emp & Family | DPP3 | \$118.60 | \$118.60 | \$59.30 |

| DELTA DENTAL HMO | | | | | <i>(Their clinics only)</i> |
|-------------------------|-----------|-----------------------|-----------------------|---------------------|-----------------------------|
| | PLAN CODE | GROSS MONTHLY PREMIUM | MONTHLY EMPLOYEE COST | BI-WEEKLY DEDUCTION | |
| Emp. Only | DHM1 | \$16.80 | \$16.80 | \$8.40 | |
| Emp. & 1 Dep. | DHM2 | \$29.80 | \$29.80 | \$14.90 | |
| Emp & 2+ Deps. | DHM3 | \$43.90 | \$43.90 | \$21.95 | |

This information is current as of 10/16/23 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