

GLENN COUNTY MID-MANAGERS' 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	\$1.60	\$0.80
Emp & Child(ren)	EYE4	\$14.07	\$1.32	\$0.66
Emp & Family	EYE3	\$20.59	\$7.84	\$3.92

DENTAL

DELTA DENTAL PPO				
	PLAN CODE	GROSS MONTHLY PREMIUM	MONTHLY EMPLOYEE COST	BI-WEEKLY DEDUCTION
Emp. Only	DPP1	\$43.60	\$13.24	\$6.62
Emp. & Spouse	DPP2	\$83.50	\$53.14	\$26.57
Emp & Child(ren)	DPP4	\$78.10	\$47.74	\$23.87
Emp & Family	DPP3	\$118.60	\$88.24	\$44.12

DELTA DENTAL HMO				<i>(Their clinics only)</i>
	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	\$13.54	\$6.77

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