

PEACE OFFICERS' ASSOCIATION - 2024

VISION

EYEMED VISION				
	PLAN CODE	GROSS MONTHLY PREMIUM	MONTHLY EMPLOYEE COST	BI-WEEKLY DEDUCTION
Emp. Only	EYE1	\$7.98	\$0.80	\$0.40
Emp. & Spouse	EYE2	\$14.36	\$7.18	\$3.59
Emp & Child(ren)	EYE4	\$14.07	\$6.90	\$3.45
Emp & Family	EYE3	\$20.59	\$13.42	\$6.71

DENTAL

DELTA DENTAL PPO				
	PLAN CODE	GROSS MONTHLY PREMIUM	MONTHLY EMPLOYEE COST	BI-WEEKLY DEDUCTION
Emp. Only	DPP1	\$43.60	\$4.36	\$2.18
Emp. & Spouse	DPP2	\$83.50	\$44.26	\$22.13
Emp & Child(ren)	DPP4	\$78.10	\$38.86	\$19.43
Emp & Family	DPP3	\$118.60	\$79.36	\$39.68

DELTA DENTAL HMO				
	PLAN CODE	GROSS MONTHLY PREMIUM	MONTHLY EMPLOYEE COST	BI-WEEKLY DEDUCTION
Emp. Only	DHM1	\$16.80	\$1.68	\$0.84
Emp. & 1 Dep.	DHM2	\$29.80	\$14.68	\$7.34
Emp & 2+ Deps.	DHM3	\$43.90	\$28.78	\$14.39

(Their clinics only)

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