

SHERIFFS' ADMINISTRATION 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				
	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

(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