

# NON-REPRESENTED - 2022

## VISION

<b>MEDICAL EYE SERVICES (MES)</b>				
	PLAN CODE	GROSS MONTHLY PREMIUM	MONTHLY EMPLOYEE COST	BI-WEEKLY DEDUCTION
Emp. Only	MES1	\$7.98	\$0.00	\$0.00
Emp. & Spouse	MES2	\$14.36	\$6.38	\$3.19
Emp. & Child(ren)	MES4	\$14.07	\$6.09	\$3.05
Emp. & Family	MES3	\$20.59	\$12.61	\$6.31

## DENTAL

<b>DELTA DENTAL PPO</b>				
	PLAN CODE	GROSS MONTHLY PREMIUM	MONTHLY EMPLOYEE COST	BI-WEEKLY DEDUCTION
Emp. Only	DPP1	\$48.00	\$0.00	\$0.00
Emp. & Spouse	DPP2	\$92.00	\$44.00	\$22.00
Emp & Child(ren)	DPP4	\$86.10	\$38.10	\$19.05
Emp & Family	DPP3	\$130.70	\$82.70	\$41.35

<b>DELTA DENTAL HMO</b>				
				Their Clinics Only
	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	\$0.00	\$0.00

**This information is current as of 5/7/21 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