

San Benito County  
 2017 Contribution Rate Sheet  
 Effective: January 1, 2017

Plan by Tier	Ancillary Contributions			BiWeekly (24 Pay Period) Cost
Active Rates	Carrier Rates	County Contribution	Employee Share	Employee Share
<b>Delta Dental (CSAC EIA) PPO</b>				
Single	\$49.10	\$30.00	\$19.10	\$9.55
Two Party	\$84.20	\$30.00	\$54.20	\$27.10
Family	\$137.50	\$30.00	\$107.50	\$53.75
<b>MES Vision (CSAC EIA)</b>				
Single	\$5.35	\$5.35	\$0.00	\$0.00
Two Party	\$10.70	\$5.35	\$5.35	\$2.68
Family	\$13.80	\$5.35	\$8.45	\$4.23