



<b>Leave of Absence (billed monthly)</b>										
LOA	SN	LOA Single	\$ 1,088.82	\$ 1,088.82	\$ 1,088.82	\$ 1,088.82	\$ 1,088.82	\$ 1,088.82	\$ 1,088.82	\$ 1,088.82
	WD	LOA Single w/Dep	\$ 1,984.60	\$ 1,984.60	\$ 1,984.60	\$ 1,984.60	\$ 1,984.60	\$ 1,984.60	\$ 1,984.60	\$ 1,984.60
	FM	LOA Family	\$ 2,789.36	\$ 2,789.36	\$ 2,789.36	\$ 2,789.36	\$ 2,789.36	\$ 2,789.36	\$ 2,789.36	\$ 2,789.36
<b>COBRA (billed monthly)</b>										
CBRA	SN	Cobra Single	\$1,110.60	\$1,110.60	\$1,110.60	\$1,110.60	\$1,110.60	\$1,110.60	\$1,110.60	\$1,110.60
	WD	Cobra Single w/Dep	\$2,024.29	\$2,024.29	\$2,024.29	\$2,024.29	\$2,024.29	\$2,024.29	\$2,024.29	\$2,024.29
	FM	Cobra Family	\$2,845.15	\$2,845.15	\$2,845.15	\$2,845.15	\$2,845.15	\$2,845.15	\$2,845.15	\$2,845.15

**LIFE INSURANCE**

			<b>CSEA (1000)</b>	<b>SW (8427)</b>	<b>MANG / N-UNION</b>	<b>Deputies (1529)</b>	<b>Corrections (2390)</b>	<b>Corrections Supervisor</b>	<b>Sheriff's Supervisor</b>	<b>Indigent Defenders</b>
<b>Active</b>	<i>(payroll deduction)</i>									
S	Single		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
F	Dependent		1.15	1.15	1.15	1.15	1.15	1.15	1.15	1.15

**Retired** *(billed monthly - all units)*

SN	Single/hired before 6/1/80	0.00	Emp. # 1-259
DP	Family/hired before 6/1/80	2.50	Emp. # 1-259
SA	Single/hired after 6/1/80	4.30	Emp. # 260+
FA	Family/hired after 6/1/80	6.80	Emp. # 260+

**DENTAL INSURANCE**

			<b>CSEA (1000)</b>	<b>SW (8427)</b>	<b>MANG / N-UNION</b>	<b>Deputies (1529)</b>	<b>Corrections (2390)</b>	<b>Corrections Supervisor</b>	<b>Sheriff's Supervisor</b>	<b>Indigent Defenders</b>
<b>Active</b>	Single	\$0.00	\$0.00	\$0.00	\$0.00	\$25.81	\$0.00	\$0.00	\$0.00	\$0.00
<i>(payroll deduction)</i>	Single w/children	N/A	N/A	N/A	\$13.84	\$39.66	N/A	\$13.84	N/A	N/A

<b>Retired</b> <i>(billed monthly)</i>	2 person-no children	N/A	N/A	N/A	\$13.84	\$39.66	N/A	\$13.84	N/A
	Family	\$45.39	\$45.39	\$45.39	\$30.23	\$45.39	\$45.39	\$30.23	\$45.39
	Single	N/A	N/A	N/A	62.70	N/A	N/A	62.70	N/A
	Single w/children	N/A	N/A	N/A	92.70	N/A	N/A	92.70	N/A
	2 person-no children	N/A	N/A	N/A	92.70	N/A	N/A	92.70	N/A
	Family	N/A	N/A	N/A	128.20	N/A	N/A	128.20	N/A

**CSEA Dental rates change July 1st**

**Deputies and Sheriff Supervisors Unions Dental/Vision rates change May 1st (open enrollment April)**

**VISION INSURANCE**

**Active**

All County Employees with the exception of Deputy Supervisors and Deputies bargaining unit members:  
 Single: no charge  
 Family: \$2.25 per pay period

**CSEA DENTAL/VISION COBRA COVERAGE**

Payroll will notify CSEA EBF you are no longer receiving a paycheck.  
 CSEA EBF should contact you to begin COBRA coverage.  
 Contact CSEA EBF at 1-800-323-2732 for more information.