

DEDUCTIONS EFFECTIVE JANUARY 1, 2020

| | | TOTAL MONTHLY MONTHLY | DISTRICT MONTHLY SUBSIDY | EMPLOYEE MONTHLY PREMIUM |
|--|---------------------|-----------------------------|--------------------------------|--------------------------------|
| DELTA DENTAL PREMIER PPO - \$1,600 ANNUAL MAXIMUM | | | | |
| For CCHP Alternate A Plan | Employee | \$44.61 | \$34.20 | \$10.41 |
| | Employee + 1 | \$100.49 | \$77.02 | \$23.47 |
| | Family + 2 or more | \$100.49 | \$77.02 | \$23.47 |
| For CalPERS Health Plans | Employee | \$44.61 | \$34.20 | \$10.41 |
| | Employee + 1 | \$100.49 | \$77.02 | \$23.47 |
| | Family + 2 or more | \$100.49 | \$77.02 | \$23.47 |
| Without a Health Plan | Employee | \$44.61 | \$43.53 | \$1.08 |
| | Employee + 1 | \$100.49 | \$98.06 | \$2.43 |
| | Family + 2 or more | \$100.49 | \$98.06 | \$2.43 |
| DELTA CARE (HMO) | | | | |
| For CCHP Alternate A Plan | Employee | \$29.06 | \$22.67 | \$6.39 |
| | Employee + 1 | \$62.81 | \$48.99 | \$13.82 |
| | Family + 2 or more | \$62.81 | \$48.99 | \$13.82 |
| For CalPERS Health Plans | Employee | \$29.06 | \$22.67 | \$6.39 |
| | Employee + 1 | \$62.81 | \$48.99 | \$13.82 |
| | Family + 2 or more | \$62.81 | \$48.99 | \$13.82 |
| Without a Health Plan | Employee | \$29.06 | \$29.05 | \$0.01 |
| | Employee + 1 | \$62.81 | \$62.80 | \$0.01 |
| | Family + 2 or more | \$62.81 | \$62.80 | \$0.01 |
| VSP VOLUNTARY VISION PLAN | | | | |
| | Employee | \$10.08 | \$0.00 | \$10.08 |
| | Employee + 1 | \$20.14 | \$0.00 | \$20.14 |
| | Employee + 2 or mor | \$32.44 | \$0.00 | \$32.44 |