

DEDUCTIONS EFFECTIVE JANUARY 1, 2020

PLAN/COVERAGE DESCRIPTION		TOTAL MONTHLY PREMIUM	COUNTY MONTHLY SUBSIDY	EMPLOYEE MONTHLY SHARE
<b>DELTA DENTAL PREMIER PPO - \$1,600 ANNUAL MAXIMUM</b>				
For CCHP Alternate A Plan	Retiree	\$44.61	\$33.78	\$10.83
	Retiree + 1	\$100.49	\$76.09	\$24.40
	Retiree + 2 or more	\$100.49	\$76.09	\$24.40
For CalPERS Health Plans	Retiree	\$44.61	\$33.78	\$10.83
	Retiree + 1	\$100.49	\$76.09	\$24.40
	Retiree + 2 or more	\$100.49	\$76.09	\$24.40
Without a Health Plan	Retiree	\$44.61	\$43.53	\$1.08
	Retiree + 1	\$100.49	\$98.06	\$2.43
	Retiree + 2 or more	\$100.49	\$98.06	\$2.43
<b>DELTA CARE (HMO)</b>				
For CCHP Alternate A Plan	Retiree	\$29.06	\$22.30	\$6.76
	Retiree + 1	\$62.81	\$48.19	\$14.62
	Retiree + 2 or more	\$62.81	\$48.19	\$14.62
For CalPERS Health Plans	Retiree	\$29.06	\$22.30	\$6.76
	Retiree + 1	\$62.81	\$48.19	\$14.62
	Retiree + 2 or more	\$62.81	\$48.19	\$14.62
Without a Health Plan	Retiree	\$29.06	\$28.91	\$0.15
	Retiree + 1	\$62.81	\$62.49	\$0.32
	Retiree + 2 or more	\$62.81	\$62.49	\$0.32