

DEDUCTIONS EFFECTIVE JANUARY 1, 2020

PLAN/COVERAGE DESCRIPTION		MONTHLY PREMIUM	ADMIN. FEE	TOTAL MONTHLY PREMIUM
DELTA DENTAL PREMIER PPO - \$1,600 ANNUAL MAXIMUM				
For CCHP Alternate A Plan	Employee	\$44.61	\$3.22	\$47.83
	Employee + 1	\$100.49	\$3.22	\$103.71
	Family + 2 or more	\$100.49	\$3.22	\$103.71
For CalPERS Health Plans	Employee	\$44.61	\$3.22	\$47.83
	Employee + 1	\$100.49	\$3.22	\$103.71
	Family + 2 or more	\$100.49	\$3.22	\$103.71
Without a Health Plan	Employee	\$44.61	\$3.22	\$47.83
	Employee + 1	\$100.49	\$3.22	\$103.71
	Family + 2 or more	\$100.49	\$3.22	\$103.71
DELTA CARE (HMO)				
For CCHP Alternate A Plan	Employee	\$29.06	\$3.22	\$32.28
	Employee + 1	\$62.81	\$3.22	\$66.03
	Family + 2 or more	\$62.81	\$3.22	\$66.03
For CalPERS Health Plans	Employee	\$29.06	\$3.22	\$32.28
	Employee + 1	\$62.81	\$3.22	\$66.03
	Family + 2 or more	\$62.81	\$3.22	\$66.03
Without a Health Plan	Employee	\$29.06	\$3.22	\$32.28
	Employee + 1	\$62.81	\$3.22	\$66.03
	Family + 2 or more	\$62.81	\$3.22	\$66.03