

DEDUCTIONS EFFECTIVE JANUARY 1, 2020

PLAN/COVERAGE DESCRIPTION		MONTHLY PREMIUM	ADMIN. FEE	TOTAL MONTHLY PREMIUM
DELTA DENTAL PREMIER PPO - \$1,600 ANNUAL MAXIMUM- INCLUDES ORTHODONTIC BENEFIT				
For CCHP Alternate A Plan	Employee	\$46.36	\$0.93	\$47.29
	Employee + 1	\$117.51	\$2.35	\$119.86
	Family + 2 or more	\$117.51	\$2.35	\$119.86
For CalPERS Health Plans	Employee	\$46.36	\$0.93	\$47.29
	Employee + 1	\$117.51	\$2.35	\$119.86
	Family + 2 or more	\$117.51	\$2.35	\$119.86
Without a Health Plan	Employee	\$46.36	\$0.93	\$47.29
	Employee + 1	\$117.51	\$2.35	\$119.86
	Family + 2 or more	\$117.51	\$2.35	\$119.86
DELTA CARE (HMO)				
For CCHP Alternate A Plan	Employee	\$29.06	\$0.58	\$29.64
	Employee + 1	\$62.81	\$1.26	\$64.07
	Family + 2 or more	\$62.81	\$1.26	\$64.07
For CalPERS Health Plans	Employee	\$29.06	\$0.58	\$29.64
	Employee + 1	\$62.81	\$1.26	\$64.07
	Family + 2 or more	\$62.81	\$1.26	\$64.07
Without a Health Plan	Employee	\$29.06	\$0.58	\$29.64
	Employee + 1	\$62.81	\$1.26	\$64.07
	Family + 2 or more	\$62.81	\$1.26	\$64.07
VSP VOLUNTARY VISION PLAN				
	Employee	\$10.08	\$0.20	\$10.28
	Employee + 1	\$20.14	\$0.40	\$20.54
	Employee + 2 or more	\$32.44	\$0.65	\$33.09