

DEDUCTIONS EFFECTIVE JANUARY 1, 2020

PLAN/COVERAGE DESCRIPTION		TOTAL MONTHLY PREMIUM	COUNTY MONTHLY SUBSIDY	EMPLOYEE MONTHLY SHARE
DELTA DENTAL PREMIER PPO - \$1,800 ANNUAL MAXIMUM				
For CCHP Alternate A Plan	Retiree	\$46.52	\$41.85	\$4.67
	Retiree + 1	\$105.08	\$94.54	\$10.54
	Retiree + 2 or more	\$105.08	\$94.54	\$10.54
For CalPERS Health Plans	Retiree	\$46.52	\$34.70	\$11.82
	Retiree + 1	\$105.08	\$78.31	\$26.77
	Retiree + 2 or more	\$105.08	\$78.31	\$26.77
Without a Health Plan	Retiree	\$46.52	\$44.03	\$2.49
	Retiree + 1	\$105.08	\$99.35	\$5.73
	Retiree + 2 or more	\$105.08	\$99.35	\$5.73
DELTA CARE (HMO)				
For CCHP Alternate A Plan	Retiree	\$29.06	\$25.41	\$3.65
	Retiree + 1	\$62.81	\$54.91	\$7.90
	Retiree + 2 or more	\$62.81	\$54.91	\$7.90
For CalPERS Health Plans	Retiree	\$29.06	\$21.31	\$7.75
	Retiree + 1	\$62.81	\$46.05	\$16.76
	Retiree + 2 or more	\$62.81	\$46.05	\$16.76
Without a Health Plan	Retiree	\$29.06	\$27.31	\$1.75
	Retiree + 1	\$62.81	\$59.03	\$3.78
	Retiree + 2 or more	\$62.81	\$59.03	\$3.78