

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	Employee	\$46.52	\$41.85	\$4.67
	Employee + 1	\$105.08	\$94.54	\$10.54
	Family + 2 or more	\$105.08	\$94.54	\$10.54
For CalPERS Health Plans	Employee	\$46.52	\$34.70	\$11.82
	Employee + 1	\$105.08	\$78.31	\$26.77
	Family + 2 or more	\$105.08	\$78.31	\$26.77
Without a Health Plan	Employee	\$46.52	\$44.03	\$2.49
	Employee + 1	\$105.08	\$99.35	\$5.73
	Family + 2 or more	\$105.08	\$99.35	\$5.73
DELTA CARE (HMO)				
For CCHP Alternate A Plan	Employee	\$29.06	\$25.41	\$3.65
	Employee + 1	\$62.81	\$54.91	\$7.90
	Family + 2 or more	\$62.81	\$54.91	\$7.90
For CalPERS Health Plans	Employee	\$29.06	\$21.31	\$7.75
	Employee + 1	\$62.81	\$46.05	\$16.76
	Family + 2 or more	\$62.81	\$46.05	\$16.76
Without a Health Plan	Employee	\$29.06	\$27.31	\$1.75
	Employee + 1	\$62.81	\$59.03	\$3.78
	Family + 2 or more	\$62.81	\$59.03	\$3.78
VSP VOLUNTARY VISION PLAN				
	Employee	\$10.08	\$0.00	\$10.08
	Employee + 1	\$20.14	\$0.00	\$20.14
	Employee + 2 or more	\$32.44	\$0.00	\$32.44