

**2020 CONTRA COSTA COUNTY
MONTHLY DENTAL PLAN PREMIUMS**

**SURVIVORS OF RETIREES WHO WERE
ELECTED OFFICIALS AND SHERIFF'S SWORN
EXECUTIVE MANAGEMENT AT THE TIME OF RETIREMENT**

DEDUCTIONS EFFECTIVE JANUARY 1, 2020

PLAN/COVERAGE DESCRIPTION		MONTHLY PREMIUM	ADMIN. FEE	TOTAL MONTHLY PREMIUM
DELTA DENTAL PREMIER PPO - \$1,800 ANNUAL MAXIMUM				
For CCHP Alternate A Plan	Employee	\$46.52	\$3.22	\$49.74
	Employee + 1	\$105.08	\$3.22	\$108.30
	Family + 2 or more	\$105.08	\$3.22	\$108.30
For CalPERS Health Plans	Employee	\$46.52	\$3.22	\$49.74
	Employee + 1	\$105.08	\$3.22	\$108.30
	Family + 2 or more	\$105.08	\$3.22	\$108.30
Without a Health Plan	Employee	\$46.52	\$3.22	\$49.74
	Employee + 1	\$105.08	\$3.22	\$108.30
	Family + 2 or more	\$105.08	\$3.22	\$108.30
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