

DEDUCTIONS EFFECTIVE JANUARY 1, 2020

		MONTHLY PREMIUM	ADMIN. FEE	TOTAL MONTHLY PREMIUM
DELTA DENTAL PREMIER PPO - \$1,600 ANNUAL MAXIMUM				
For CCHP Alternate A Plan	Employee	\$44.61	\$0.89	\$45.50
	Employee + 1	\$100.49	\$2.01	\$102.50
	Family + 2 or more	\$100.49	\$2.01	\$102.50
For CalPERS Health Plans	Employee	\$44.61	\$0.89	\$45.50
	Employee + 1	\$100.49	\$2.01	\$102.50
	Family + 2 or more	\$100.49	\$2.01	\$102.50
Without a Health Plan	Employee	\$44.61	\$0.89	\$45.50
	Employee + 1	\$100.49	\$2.01	\$102.50
	Family + 2 or more	\$100.49	\$2.01	\$102.50
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