

DEDUCTIONS EFFECTIVE JANUARY 1, 2023

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	\$25.35	\$3.22	\$28.57
	Employee + 1	\$54.78	\$3.22	\$58.00
	Family + 2 or more	\$54.78	\$3.22	\$58.00
For CalPERS Health Plans	Employee	\$25.35	\$3.22	\$28.57
	Employee + 1	\$54.78	\$3.22	\$58.00
	Family + 2 or more	\$54.78	\$3.22	\$58.00
Without a Health Plan	Employee	\$25.35	\$3.22	\$28.57
	Employee + 1	\$54.78	\$3.22	\$58.00
	Family + 2 or more	\$54.78	\$3.22	\$58.00