

DEDUCTIONS EFFECTIVE JANUARY 1, 2023

		TOTAL MONTHLY MONTHLY	DISTRICT MONTHLY SUBSIDY	EMPLOYEE MONTHLY PREMIUM
DELTA DENTAL PREMIER PPO - \$1,600 ANNUAL MAXIMUM				
For CCHP Alternate A Plan	Employee	\$44.61	\$34.20	\$10.41
	Employee + 1	\$100.49	\$77.02	\$23.47
	Family + 2 or more	\$100.49	\$77.02	\$23.47
For CalPERS Health Plans	Employee	\$44.61	\$34.20	\$10.41
	Employee + 1	\$100.49	\$77.02	\$23.47
	Family + 2 or more	\$100.49	\$77.02	\$23.47
Without a Health Plan	Employee	\$44.61	\$43.53	\$1.08
	Employee + 1	\$100.49	\$98.06	\$2.43
	Family + 2 or more	\$100.49	\$98.06	\$2.43
DELTA CARE (HMO)				
For CCHP Alternate A Plan	Employee	\$25.35	\$19.77	\$5.58
	Employee + 1	\$54.78	\$42.73	\$12.05
	Family + 2 or more	\$54.78	\$42.73	\$12.05
For CalPERS Health Plans	Employee	\$25.35	\$19.77	\$5.58
	Employee + 1	\$54.78	\$42.73	\$12.05
	Family + 2 or more	\$54.78	\$42.73	\$12.05
Without a Health Plan	Employee	\$25.35	\$25.35	\$0.00
	Employee + 1	\$54.78	\$54.78	\$0.00
	Family + 2 or more	\$54.78	\$54.78	\$0.00
VSP VOLUNTARY VISION PLAN				
	Employee	\$9.00	\$0.00	\$9.00
	Employee + 1	\$17.99	\$0.00	\$17.99
	Employee + 2 or mor	\$28.98	\$0.00	\$28.98