

**2024 CONTRA COSTA COUNTY
MONTHLY DENTAL PLAN PREMIUMS**

**RETIREES REPRESENTED BY
DISTRICT ATTORNEY INVESTIGATORS' ASSOCIATION
AT THE TIME OF RETIREMENT**

DEDUCTIONS EFFECTIVE JANUARY 1, 2024

PLAN/COVERAGE DESCRIPTION		TOTAL MONTHLY PREMIUM	COUNTY MONTHLY SUBSIDY	EMPLOYEE MONTHLY SHARE
DELTA DENTAL PREMIER PPO - \$1,600 ANNUAL MAXIMUM				
For CCHP Alternate A Plan	Retiree	\$44.61	\$33.78	\$10.83
	Retiree + 1	\$100.49	\$76.09	\$24.40
	Retiree + 2 or more	\$100.49	\$76.09	\$24.40
For CalPERS Health Plans	Retiree	\$44.61	\$33.78	\$10.83
	Retiree + 1	\$100.49	\$76.09	\$24.40
	Retiree + 2 or more	\$100.49	\$76.09	\$24.40
Without a Health Plan	Retiree	\$44.61	\$43.53	\$1.08
	Retiree + 1	\$100.49	\$98.06	\$2.43
	Retiree + 2 or more	\$100.49	\$98.06	\$2.43
DELTA CARE (HMO)				
For CCHP Alternate A Plan	Retiree	\$24.17	\$22.30	\$1.87
	Retiree + 1	\$52.23	\$48.19	\$4.04
	Retiree + 2 or more	\$52.23	\$48.19	\$4.04
For CalPERS Health Plans	Retiree	\$24.17	\$22.30	\$1.87
	Retiree + 1	\$52.23	\$48.19	\$4.04
	Retiree + 2 or more	\$52.23	\$48.19	\$4.04
Without a Health Plan	Retiree	\$24.17	\$24.17	\$0.00
	Retiree + 1	\$52.23	\$52.23	\$0.00
	Retiree + 2 or more	\$52.23	\$52.23	\$0.00