

DEDUCTIONS EFFECTIVE JANUARY 1, 2024

PLAN/COVERAGE DESCRIPTION		MONTHLY PREMIUM	ADMIN. FEE	TOTAL MONTHLY PREMIUM
DELTA DENTAL PREMIER PPO - \$1,600 ANNUAL MAXIMUM				
For CCHP Alternate A Plan	Employee	\$44.61	\$3.22	\$47.83
	Employee + 1	\$100.49	\$3.22	\$103.71
	Family + 2 or more	\$100.49	\$3.22	\$103.71
For CalPERS Health Plans	Employee	\$44.61	\$3.22	\$47.83
	Employee + 1	\$100.49	\$3.22	\$103.71
	Family + 2 or more	\$100.49	\$3.22	\$103.71
Without a Health Plan	Employee	\$44.61	\$3.22	\$47.83
	Employee + 1	\$100.49	\$3.22	\$103.71
	Family + 2 or more	\$100.49	\$3.22	\$103.71
DELTA CARE (HMO)				
For CCHP Alternate A Plan	Employee	\$24.17	\$3.22	\$27.39
	Employee + 1	\$52.23	\$3.22	\$55.45
	Family + 2 or more	\$52.23	\$3.22	\$55.45
For CalPERS Health Plans	Employee	\$24.17	\$3.22	\$27.39
	Employee + 1	\$52.23	\$3.22	\$55.45
	Family + 2 or more	\$52.23	\$3.22	\$55.45
Without a Health Plan	Employee	\$24.17	\$3.22	\$27.39
	Employee + 1	\$52.23	\$3.22	\$55.45
	Family + 2 or more	\$52.23	\$3.22	\$55.45