

DEDUCTIONS EFFECTIVE JANUARY 1, 2024

PLAN/COVERAGE DESCRIPTION		MONTHLY PREMIUM	ADMIN. FEE	TOTAL MONTHLY PREMIUM
DELTA DENTAL PREMIER PPO - \$1,600 ANNUAL MAXIMUM- INCLUDES ORTHODONTIC BENEFIT				
For CCHP Alternate A Plan	Employee	\$46.36	\$0.93	\$47.29
	Employee + 1	\$117.51	\$2.35	\$119.86
	Family + 2 or more	\$117.51	\$2.35	\$119.86
For CalPERS Health Plans	Employee	\$46.36	\$0.93	\$47.29
	Employee + 1	\$117.51	\$2.35	\$119.86
	Family + 2 or more	\$117.51	\$2.35	\$119.86
Without a Health Plan	Employee	\$46.36	\$0.93	\$47.29
	Employee + 1	\$117.51	\$2.35	\$119.86
	Family + 2 or more	\$117.51	\$2.35	\$119.86
DELTA CARE (HMO)				
For CCHP Alternate A Plan	Employee	\$24.17	\$0.48	\$24.65
	Employee + 1	\$52.23	\$1.04	\$53.27
	Family + 2 or more	\$52.23	\$1.04	\$53.27
For CalPERS Health Plans	Employee	\$24.17	\$0.48	\$24.65
	Employee + 1	\$52.23	\$1.04	\$53.27
	Family + 2 or more	\$52.23	\$1.04	\$53.27
Without a Health Plan	Employee	\$24.17	\$0.48	\$24.65
	Employee + 1	\$52.23	\$1.04	\$53.27
	Family + 2 or more	\$52.23	\$1.04	\$53.27
VSP VOLUNTARY VISION PLAN				
	Employee	\$9.00	\$0.18	\$9.18
	Employee + 1	\$17.99	\$0.36	\$18.35
	Employee + 2 or more	\$28.98	\$0.58	\$29.56