

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

**EMPLOYEES REPRESENTED BY  
DEPUTY SHERIFF'S ASSOCIATION**

**DEDUCTIONS EFFECTIVE JANUARY 1, 2024**

<b>PLAN/COVERAGE DESCRIPTION</b>		<b>TOTAL MONTHLY PREMIUM</b>	<b>COUNTY MONTHLY SHARE</b>	<b>EMPLOYEE MONTHLY SHARE</b>
<b>DELTA DENTAL PREMIER PPO - \$1,600 ANNUAL MAXIMUM- INCLUDES ORTHODONTIC BENEFIT*</b>				
For CCHP Alternate A Plan	Employee	\$46.36	\$33.81	\$12.55
	Employee + 1	\$117.51	\$76.48	\$41.03
	Family + 2 or more	\$117.51	\$76.48	\$41.03
For CalPERS Health Plans	Employee	\$46.36	\$33.81	\$12.55
	Employee + 1	\$117.51	\$76.48	\$41.03
	Family + 2 or more	\$117.51	\$76.48	\$41.03
Without a Health Plan	Employee	\$46.36	\$43.56	\$2.80
	Employee + 1	\$117.51	\$98.46	\$19.05
	Family + 2 or more	\$117.51	\$98.46	\$19.05
<b>DELTA CARE (HMO)</b>				
For CCHP Alternate A Plan	Employee	\$24.17	\$22.30	\$1.87
	Employee + 1	\$52.23	\$48.19	\$4.04
	Family + 2 or more	\$52.23	\$48.19	\$4.04
For CalPERS Health Plans	Employee	\$24.17	\$22.30	\$1.87
	Employee + 1	\$52.23	\$48.19	\$4.04
	Family + 2 or more	\$52.23	\$48.19	\$4.04
Without a Health Plan	Employee	\$24.17	\$24.17	\$0.00
	Employee + 1	\$52.23	\$52.23	\$0.00
	Family + 2 or more	\$52.23	\$52.23	\$0.00
* EMPLOYEE MONTHLY SHARE INCLUDES COST OF ORTHODONTIC BENEFIT				
<b>VSP VOLUNTARY VISION PLAN</b>				
	Employee	\$9.00	\$0.00	\$9.00
	Employee + 1	\$17.99	\$0.00	\$17.99
	Employee + 2 or more	\$28.98	\$0.00	\$28.98