

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

**SURVIVORS OF RETIREES WHO WERE
ELECTED OFFICIALS AND SHERIFF'S SWORN
EXECUTIVE MANAGEMENT AT THE TIME OF RETIREMENT**

DEDUCTIONS EFFECTIVE JANUARY 1, 2024

PLAN/COVERAGE DESCRIPTION		MONTHLY PREMIUM	ADMIN. FEE	TOTAL MONTHLY PREMIUM
DELTA DENTAL PREMIER PPO - \$1,800 ANNUAL MAXIMUM				
For CCHP Alternate A Plan	Employee	\$46.52	\$3.22	\$49.74
	Employee + 1	\$105.08	\$3.22	\$108.30
	Family + 2 or more	\$105.08	\$3.22	\$108.30
For CalPERS Health Plans	Employee	\$46.52	\$3.22	\$49.74
	Employee + 1	\$105.08	\$3.22	\$108.30
	Family + 2 or more	\$105.08	\$3.22	\$108.30
Without a Health Plan	Employee	\$46.52	\$3.22	\$49.74
	Employee + 1	\$105.08	\$3.22	\$108.30
	Family + 2 or more	\$105.08	\$3.22	\$108.30
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