

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

**SURVIVORS OF RETIREES WHO WERE  
ELECTED OFFICIALS AND SWORN MGMT EMPLOYEES -  
UNREP FIRE SAFETY MGMT AT THE TIME OF RETIREMENT**

**DEDUCTIONS EFFECTIVE JANUARY 1, 2024**

<b>PLAN/COVERAGE DESCRIPTION</b>		<b>MONTHLY PREMIUM</b>	<b>ADMIN. FEE</b>	<b>TOTAL MONTHLY PREMIUM</b>
<b>DELTA DENTAL PREMIER PPO - \$1,800 ANNUAL MAXIMUM</b>				
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
<b>DELTA CARE (HMO)</b>				
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