

DEDUCTIONS EFFECTIVE JANUARY 1, 2024

		TOTAL MONTHLY MONTHLY	DISTRICT MONTHLY SUBSIDY	EMPLOYEE MONTHLY PREMIUM
DELTA DENTAL PREMIER PPO - \$1,600 ANNUAL MAXIMUM				
For CCHP Alternate A Plan	Employee	\$44.61	\$34.20	\$10.41
	Employee + 1	\$100.49	\$77.02	\$23.47
	Family + 2 or more	\$100.49	\$77.02	\$23.47
For CalPERS Health Plans	Employee	\$44.61	\$34.20	\$10.41
	Employee + 1	\$100.49	\$77.02	\$23.47
	Family + 2 or more	\$100.49	\$77.02	\$23.47
Without a Health Plan	Employee	\$44.61	\$43.53	\$1.08
	Employee + 1	\$100.49	\$98.06	\$2.43
	Family + 2 or more	\$100.49	\$98.06	\$2.43
DELTA CARE (HMO)				
For CCHP Alternate A Plan	Employee	\$24.17	\$18.85	\$5.32
	Employee + 1	\$52.23	\$40.74	\$11.49
	Family + 2 or more	\$52.23	\$40.74	\$11.49
For CalPERS Health Plans	Employee	\$24.17	\$18.85	\$5.32
	Employee + 1	\$52.23	\$40.74	\$11.49
	Family + 2 or more	\$52.23	\$40.74	\$11.49
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
VSP VOLUNTARY VISION PLAN				
	Employee	\$9.00	\$0.00	\$9.00
	Employee + 1	\$17.99	\$0.00	\$17.99
	Employee + 2 or mor	\$28.98	\$0.00	\$28.98