

DEDUCTIONS EFFECTIVE JANUARY 1, 2024

		TOTAL MONTHLY MONTHLY	DISTRICT MONTHLY SUBSIDY	EMPLOYEE MONTHLY PREMIUM
<b>DELTA DENTAL PREMIER PPO - \$1,600 ANNUAL MAXIMUM</b>				
For CCHP Alternate A Plan	Retiree	\$44.61	\$34.20	\$10.41
	Retiree + 1	\$100.49	\$77.02	\$23.47
	Retiree + 2 or more	\$100.49	\$77.02	\$23.47
For CalPERS Health Plans	Retiree	\$44.61	\$34.20	\$10.41
	Retiree + 1	\$100.49	\$77.02	\$23.47
	Retiree + 2 or more	\$100.49	\$77.02	\$23.47
Without a Health Plan	Retiree	\$44.61	\$43.53	\$1.08
	Retiree + 1	\$100.49	\$98.06	\$2.43
	Retiree + 2 or more	\$100.49	\$98.06	\$2.43
<b>DELTA CARE (HMO)</b>				
For CCHP Alternate A Plan	Retiree	\$24.17	\$18.85	\$5.32
	Retiree + 1	\$52.23	\$40.74	\$11.49
	Retiree + 2 or more	\$52.23	\$40.74	\$11.49
For CalPERS Health Plans	Retiree	\$24.17	\$18.85	\$5.32
	Retiree + 1	\$52.23	\$40.74	\$11.49
	Retiree + 2 or more	\$52.23	\$40.74	\$11.49
Without a Health Plan	Retiree	\$24.17	\$24.17	\$0.00
	Retiree + 1	\$52.23	\$52.23	\$0.00
	Retiree + 2 or more	\$52.23	\$52.23	\$0.00