

**2021 CONTRA COSTA COUNTY  
FIRE PROTECTION DISTRICT  
MONTHLY COBRA PREMIUMS FOR DENTAL PLANS**

**UNITED CHIEF OFFICERS' ASSOCIATION**

**DEDUCTIONS EFFECTIVE JANUARY 1, 2021**

|  |                      | <b>MONTHLY<br/>PREMIUM</b> | <b>ADMIN. FEE</b> | <b>TOTAL<br/>MONTHLY<br/>PREMIUM</b> |
|--|----------------------|----------------------------|-------------------|--------------------------------------|
| <b>DELTA DENTAL PREMIER PPO - \$1,600 ANNUAL MAXIMUM</b> |                      |                            |                   |                                      |
| For CCHP Alternate A Plan                                | Employee             | \$44.61                    | \$0.89            | \$45.50                              |
|  | Employee + 1         | \$100.49                   | \$2.01            | \$102.50                             |
|  | Family + 2 or more   | \$100.49                   | \$2.01            | \$102.50                             |
| For CalPERS Health Plans                                 | Employee             | \$44.61                    | \$0.89            | \$45.50                              |
|  | Employee + 1         | \$100.49                   | \$2.01            | \$102.50                             |
|  | Family + 2 or more   | \$100.49                   | \$2.01            | \$102.50                             |
| Without a Health Plan                                    | Employee             | \$44.61                    | \$0.89            | \$45.50                              |
|  | Employee + 1         | \$100.49                   | \$2.01            | \$102.50                             |
|  | Family + 2 or more   | \$100.49                   | \$2.01            | \$102.50                             |
| <b>DELTA CARE (HMO)</b>                                  |                      |                            |                   |                                      |
| For CCHP Alternate A Plan                                | Employee             | \$25.35                    | \$0.51            | \$25.86                              |
|  | Employee + 1         | \$54.78                    | \$1.10            | \$55.88                              |
|  | Family + 2 or more   | \$54.78                    | \$1.10            | \$55.88                              |
| For CalPERS Health Plans                                 | Employee             | \$25.35                    | \$0.51            | \$25.86                              |
|  | Employee + 1         | \$54.78                    | \$1.10            | \$55.88                              |
|  | Family + 2 or more   | \$54.78                    | \$1.10            | \$55.88                              |
| Without a Health Plan                                    | Employee             | \$25.35                    | \$0.51            | \$25.86                              |
|  | Employee + 1         | \$54.78                    | \$1.10            | \$55.88                              |
|  | Family + 2 or more   | \$54.78                    | \$1.10            | \$55.88                              |
| <b>VSP VOLUNTARY VISION PLAN</b>                         |                      |                            |                   |                                      |
|  | Employee             | \$9.98                     | \$0.20            | \$10.18                              |
|  | Employee + 1         | \$19.94                    | \$0.40            | \$20.34                              |
|  | Employee + 2 or more | \$32.12                    | \$0.64            | \$32.76                              |