

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

IAFF 1230

DEDUCTIONS EFFECTIVE JANUARY 1, 2021

		MONTHLY PREMIUM	ADMIN. FEE	TOTAL MONTHLY PREMIUM
DELTA DENTAL PREMIER PPO - \$1,600 ANNUAL MAXIMUM				
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
DELTA CARE (HMO)				
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
VSP VOLUNTARY VISION PLAN				
	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