

DEDUCTIONS EFFECTIVE JANUARY 1, 2021

PLAN/COVERAGE DESCRIPTION		TOTAL MONTHLY PREMIUM	COUNTY MONTHLY SUBSIDY	EMPLOYEE MONTHLY SHARE
DELTA DENTAL PREMIER PPO - \$1,600 ANNUAL MAXIMUM				
For CCHP Alternate A Plan	Retiree	\$44.61	\$33.78	\$10.83
	Retiree + 1	\$100.49	\$76.09	\$24.40
	Retiree + 2 or more	\$100.49	\$76.09	\$24.40
For CalPERS Health Plans	Retiree	\$44.61	\$33.78	\$10.83
	Retiree + 1	\$100.49	\$76.09	\$24.40
	Retiree + 2 or more	\$100.49	\$76.09	\$24.40
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
DELTA CARE (HMO)				
For CCHP Alternate A Plan	Retiree	\$25.35	\$22.30	\$3.05
	Retiree + 1	\$54.78	\$48.19	\$6.59
	Retiree + 2 or more	\$54.78	\$48.19	\$6.59
For CalPERS Health Plans	Retiree	\$25.35	\$22.30	\$3.05
	Retiree + 1	\$54.78	\$48.19	\$6.59
	Retiree + 2 or more	\$54.78	\$48.19	\$6.59
Without a Health Plan	Retiree	\$25.35	\$25.35	\$0.00
	Retiree + 1	\$54.78	\$54.78	\$0.00
	Retiree + 2 or more	\$54.78	\$54.78	\$0.00