

DEDUCTIONS EFFECTIVE JANUARY 1, 2021

PLAN/COVERAGE DESCRIPTION		TOTAL MONTHLY PREMIUM	COUNTY MONTHLY SUBSIDY	EMPLOYEE MONTHLY SHARE
DELTA DENTAL PREMIER PPO - \$1,800 ANNUAL MAXIMUM				
For CCHP Alternate A Plan	Employee	\$46.52	\$41.85	\$4.67
	Employee + 1	\$105.08	\$94.54	\$10.54
	Family + 2 or more	\$105.08	\$94.54	\$10.54
For CalPERS Health Plans	Employee	\$46.52	\$34.70	\$11.82
	Employee + 1	\$105.08	\$78.31	\$26.77
	Family + 2 or more	\$105.08	\$78.31	\$26.77
Without a Health Plan	Employee	\$46.52	\$44.03	\$2.49
	Employee + 1	\$105.08	\$99.35	\$5.73
	Family + 2 or more	\$105.08	\$99.35	\$5.73
DELTA CARE (HMO)				
For CCHP Alternate A Plan	Employee	\$25.35	\$25.35	\$0.00
	Employee + 1	\$54.78	\$54.78	\$0.00
	Family + 2 or more	\$54.78	\$54.78	\$0.00
For CalPERS Health Plans	Employee	\$25.35	\$21.31	\$4.04
	Employee + 1	\$54.78	\$46.05	\$8.73
	Family + 2 or more	\$54.78	\$46.05	\$8.73
Without a Health Plan	Employee	\$25.35	\$25.35	\$0.00
	Employee + 1	\$54.78	\$54.78	\$0.00
	Family + 2 or more	\$54.78	\$54.78	\$0.00
VSP VOLUNTARY VISION PLAN				
	Employee	\$9.98	\$0.00	\$9.98
	Employee + 1	\$19.94	\$0.00	\$19.94
	Employee + 2 or more	\$32.12	\$0.00	\$32.12