

**DEDUCTIONS EFFECTIVE JANUARY 1, 2021**

| <b>PLAN/COVERAGE DESCRIPTION</b>                         |                    | <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                    | \$3.22            | \$47.83                              |
|  | Employee + 1       | \$100.49                   | \$3.22            | \$103.71                             |
|  | Family + 2 or more | \$100.49                   | \$3.22            | \$103.71                             |
| For CalPERS Health Plans                                 | Employee           | \$44.61                    | \$3.22            | \$47.83                              |
|  | Employee + 1       | \$100.49                   | \$3.22            | \$103.71                             |
|  | Family + 2 or more | \$100.49                   | \$3.22            | \$103.71                             |
| Without a Health Plan                                    | Employee           | \$44.61                    | \$3.22            | \$47.83                              |
|  | Employee + 1       | \$100.49                   | \$3.22            | \$103.71                             |
|  | Family + 2 or more | \$100.49                   | \$3.22            | \$103.71                             |
| <b>DELTA CARE (HMO)</b>                                  |                    |                            |                   |                                      |
| For CCHP Alternate A Plan                                | Employee           | \$25.35                    | \$3.22            | \$28.57                              |
|  | Employee + 1       | \$54.78                    | \$3.22            | \$58.00                              |
|  | Family + 2 or more | \$54.78                    | \$3.22            | \$58.00                              |
| For CalPERS Health Plans                                 | Employee           | \$25.35                    | \$3.22            | \$28.57                              |
|  | Employee + 1       | \$54.78                    | \$3.22            | \$58.00                              |
|  | Family + 2 or more | \$54.78                    | \$3.22            | \$58.00                              |
| Without a Health Plan                                    | Employee           | \$25.35                    | \$3.22            | \$28.57                              |
|  | Employee + 1       | \$54.78                    | \$3.22            | \$58.00                              |
|  | Family + 2 or more | \$54.78                    | \$3.22            | \$58.00                              |