

DEDUCTIONS EFFECTIVE JANUARY 1, 2019

		TOTAL MONTHLY MONTHLY	DISTRICT MONTHLY SUBSIDY	EMPLOYEE MONTHLY PREMIUM
DELTA DENTAL PREMIER PPO - \$1,600 ANNUAL MAXIMUM				
For CCHP Alternate A Plan	Retiree	\$44.17	\$33.98	\$10.19
	Retiree + 1	\$99.49	\$76.52	\$22.97
	Retiree + 2 or more	\$99.49	\$76.52	\$22.97
For CalPERS Health Plans	Retiree	\$44.17	\$33.98	\$10.19
	Retiree + 1	\$99.49	\$76.52	\$22.97
	Retiree + 2 or more	\$99.49	\$76.52	\$22.97
Without a Health Plan	Retiree	\$44.17	\$43.31	\$0.86
	Retiree + 1	\$99.49	\$97.56	\$1.93
	Retiree + 2 or more	\$99.49	\$97.56	\$1.93
DELTA CARE (HMO)				
For CCHP Alternate A Plan	Retiree	\$29.06	\$22.67	\$6.39
	Retiree + 1	\$62.81	\$48.99	\$13.82
	Retiree + 2 or more	\$62.81	\$48.99	\$13.82
For CalPERS Health Plans	Retiree	\$29.06	\$22.67	\$6.39
	Retiree + 1	\$62.81	\$48.99	\$13.82
	Retiree + 2 or more	\$62.81	\$48.99	\$13.82
Without a Health Plan	Retiree	\$29.06	\$29.05	\$0.01
	Retiree + 1	\$62.81	\$62.80	\$0.01
	Retiree + 2 or more	\$62.81	\$62.80	\$0.01