

DEDUCTIONS EFFECTIVE JANUARY 1, 2020

| PLAN/COVERAGE DESCRIPTION | | MONTHLY PREMIUM | ADMIN. FEE | TOTAL MONTHLY PREMIUM |
|--|----------------------|--------------------|------------|-----------------------------|
| DELTA DENTAL PREMIER PPO - \$1,800 ANNUAL MAXIMUM | | | | |
| For CCHP Alternate A Plan | Employee | \$46.52 | \$0.93 | \$47.45 |
| | Employee + 1 | \$105.08 | \$2.10 | \$107.18 |
| | Family + 2 or more | \$105.08 | \$2.10 | \$107.18 |
| For CalPERS Health Plans | Employee | \$46.52 | \$0.93 | \$47.45 |
| | Employee + 1 | \$105.08 | \$2.10 | \$107.18 |
| | Family + 2 or more | \$105.08 | \$2.10 | \$107.18 |
| Without a Health Plan | Employee | \$46.52 | \$0.93 | \$47.45 |
| | Employee + 1 | \$105.08 | \$2.10 | \$107.18 |
| | Family + 2 or more | \$105.08 | \$2.10 | \$107.18 |
| DELTA CARE (HMO) | | | | |
| For CCHP Alternate A Plan | Employee | \$29.06 | \$0.58 | \$29.64 |
| | Employee + 1 | \$62.81 | \$1.26 | \$64.07 |
| | Family + 2 or more | \$62.81 | \$1.26 | \$64.07 |
| For CalPERS Health Plans | Employee | \$29.06 | \$0.58 | \$29.64 |
| | Employee + 1 | \$62.81 | \$1.26 | \$64.07 |
| | Family + 2 or more | \$62.81 | \$1.26 | \$64.07 |
| Without a Health Plan | Employee | \$29.06 | \$0.58 | \$29.64 |
| | Employee + 1 | \$62.81 | \$1.26 | \$64.07 |
| | Family + 2 or more | \$62.81 | \$1.26 | \$64.07 |
| VSP VOLUNTARY VISION PLAN | | | | |
| | Employee | \$10.08 | \$0.20 | \$10.28 |
| | Employee + 1 | \$20.14 | \$0.40 | \$20.54 |
| | Employee + 2 or more | \$32.44 | \$0.65 | \$33.09 |