

**2020 CONTRA COSTA COUNTY
FIRE PROTECTION DISTRICT
MONTHLY DENTAL PLAN PREMIUMS**

**EMPLOYEES REPRESENTED BY
UNITED CHIEF OFFICERS' ASSOCIATION**

DEDUCTIONS EFFECTIVE JANUARY 1, 2020

		TOTAL MONTHLY MONTHLY	DISTRICT MONTHLY SUBSIDY	EMPLOYEE MONTHLY PREMIUM
DELTA DENTAL PREMIER PPO - \$1,600 ANNUAL MAXIMUM				
For CCHP Alternate A Plan	Employee	\$44.61	\$34.20	\$10.41
	Employee + 1	\$100.49	\$77.02	\$23.47
	Family + 2 or more	\$100.49	\$77.02	\$23.47
For CalPERS Health Plans	Employee	\$44.61	\$34.20	\$10.41
	Employee + 1	\$100.49	\$77.02	\$23.47
	Family + 2 or more	\$100.49	\$77.02	\$23.47
Without a Health Plan	Employee	\$44.61	\$43.53	\$1.08
	Employee + 1	\$100.49	\$98.06	\$2.43
	Family + 2 or more	\$100.49	\$98.06	\$2.43
DELTA CARE (HMO)				
For CCHP Alternate A Plan	Employee	\$29.06	\$22.67	\$6.39
	Employee + 1	\$62.81	\$48.99	\$13.82
	Family + 2 or more	\$62.81	\$48.99	\$13.82
For CalPERS Health Plans	Employee	\$29.06	\$22.67	\$6.39
	Employee + 1	\$62.81	\$48.99	\$13.82
	Family + 2 or more	\$62.81	\$48.99	\$13.82
Without a Health Plan	Employee	\$29.06	\$29.05	\$0.01
	Employee + 1	\$62.81	\$62.80	\$0.01
	Family + 2 or more	\$62.81	\$62.80	\$0.01
VSP VOLUNTARY VISION PLAN				
	Employee	\$10.08	\$0.00	\$10.08
	Employee + 1	\$20.14	\$0.00	\$20.14
	Employee + 2 or more	\$32.44	\$0.00	\$32.44