

CalPERS Medical Insurance Rates for *CEA, Management and Confidential Members*

Effective from January 1, 2022 through December 31, 2022

MEDICAL	Los Angeles, San Bernardino and Riverside Area		Orange, Ventura and San Diego Area	
	DISTRICT CONTRIBUTION	EMPLOYEE DEDUCTION	DISTRICT CONTRIBUTION	EMPLOYEE DEDUCTION
ANTHEM SELECT				
SINGLE	\$631.70	\$180.08	\$631.70	\$223.22
TWO-PARTY	\$963.40	\$660.15	\$963.40	\$746.43
FAMILY	\$1,240.71	\$869.91	\$1,240.71	\$982.07
ANTHEM TRADITIONAL				
SINGLE	\$631.70	\$490.98	\$631.70	\$576.86
TWO-PARTY	\$963.40	\$1,281.97	\$963.40	\$1,453.71
FAMILY	\$1,240.71	\$1,678.27	\$1,240.71	\$1,901.54
BLUE SHIELD ACCESS				
SINGLE	\$631.70	\$304.14	\$631.70	\$448.56
TWO-PARTY	\$963.40	\$908.29	\$963.40	\$1,197.13
FAMILY	\$1,240.71	\$1,192.48	\$1,240.71	\$1,567.97
BLUE SHIELD TRIO				
SINGLE	\$631.70	\$170.06	\$631.70	\$259.54
TWO-PARTY	\$963.40	\$640.11	\$963.40	\$819.08
FAMILY	\$1,240.71	\$843.86	\$1,240.71	\$1,076.51
HEALTH NET SALUD Y MAS				
SINGLE	\$631.70	\$0.00	\$631.70	\$0.00
TWO-PARTY	\$963.40	\$149.89	\$963.40	\$352.42
FAMILY	\$1,240.71	\$206.56	\$1,240.71	\$469.87
HEALTH NET SMARTCARE				
SINGLE	\$631.70	\$286.25	\$631.70	\$383.13
TWO-PARTY	\$963.40	\$872.50	\$963.40	\$1,066.26
FAMILY	\$1,240.71	\$1,145.97	\$1,240.71	\$1,397.84
KAISER				
SINGLE	\$631.70	\$232.04	\$631.70	\$215.52
TWO-PARTY	\$963.40	\$764.07	\$963.40	\$731.05
FAMILY	\$1,240.71	\$1,005.01	\$1,240.71	\$962.07
UNITED HEALTHCARE				
SINGLE	\$631.70	\$294.52	\$631.70	\$298.41
TWO-PARTY	\$963.40	\$889.04	\$963.40	\$896.82
FAMILY	\$1,240.71	\$1,167.46	\$1,240.71	\$1,177.57
SHARP (SAN DIEGO ONLY)				
SINGLE			\$631.70	\$171.35
TWO-PARTY			\$963.40	\$714.70
FAMILY			\$1,240.71	\$940.83
PERS PLATINUM PPO				
SINGLE	\$631.70	\$404.34	\$631.70	\$426.92
TWO-PARTY	\$963.40	\$1,108.69	\$963.40	\$1,153.83
FAMILY	\$1,240.71	\$1,453.00	\$1,240.71	\$1,511.69
PERS GOLD PPO				
SINGLE	\$631.70	\$0.00	\$631.70	\$0.00
TWO-PARTY	\$963.40	\$417.94	\$963.40	\$447.27
FAMILY	\$1,240.71	\$555.04	\$1,240.71	\$593.17
DENTAL				
	DISTRICT CONTRIBUTION		EMPLOYEE DEDUCTION	
DELTA DENTAL HMO				
SINGLE		\$22.10		\$0.00
TWO-PARTY		\$36.15		\$0.00
FAMILY		\$53.18		\$0.00
DELTA DENTAL PPO				
SINGLE		\$46.52		\$0.00
TWO-PARTY		\$135.31		\$0.00
FAMILY		\$135.31		\$0.00
VISION				
	DISTRICT CONTRIBUTION		EMPLOYEE DEDUCTION	
VSP				
SINGLE		\$13.22		\$0.00
TWO-PARTY		\$13.22		\$0.00
FAMILY		\$13.22		\$0.00

CalPERS Medical Insurance Rates for SEIU Members
Effective from January 1, 2022 through December 31, 2022

MEDICAL	Los Angeles, San Bernardino and Riverside Area		Orange, Ventura and San Diego Area	
	DISTRICT CONTRIBUTION	EMPLOYEE DEDUCTION	DISTRICT CONTRIBUTION	EMPLOYEE DEDUCTION
ANTHEM SELECT				
SINGLE	\$671.70	\$140.08	\$671.70	\$183.22
TWO-PARTY	\$1,003.40	\$620.15	\$1,003.40	\$706.43
FAMILY	\$1,280.71	\$829.91	\$1,280.71	\$942.07
ANTHEM TRADITIONAL				
SINGLE	\$671.70	\$450.98	\$671.70	\$536.86
TWO-PARTY	\$1,003.40	\$1,241.97	\$1,003.40	\$1,413.71
FAMILY	\$1,280.71	\$1,638.27	\$1,280.71	\$1,861.54
BLUE SHIELD ACCESS				
SINGLE	\$671.70	\$264.14	\$671.70	\$408.56
TWO-PARTY	\$1,003.40	\$868.29	\$1,003.40	\$1,157.13
FAMILY	\$1,280.71	\$1,152.48	\$1,280.71	\$1,527.97
BLUE SHIELD TRIO				
SINGLE	\$671.70	\$130.06	\$671.70	\$219.54
TWO-PARTY	\$1,003.40	\$600.11	\$1,003.40	\$779.08
FAMILY	\$1,280.71	\$803.86	\$1,280.71	\$1,036.51
HEALTH NET SALUD Y MAS				
SINGLE	\$671.70	\$0.00	\$671.70	\$0.00
TWO-PARTY	\$1,003.40	\$0.00	\$1,003.40	\$312.42
FAMILY	\$1,280.71	\$166.56	\$1,280.71	\$429.87
HEALTH NET SMARTCARE				
SINGLE	\$671.70	\$246.25	\$671.70	\$343.13
TWO-PARTY	\$1,003.40	\$832.50	\$1,003.40	\$1,026.26
FAMILY	\$1,280.71	\$1,105.97	\$1,280.71	\$1,357.84
KAISER				
SINGLE	\$671.70	\$192.04	\$671.70	\$175.52
TWO-PARTY	\$1,003.40	\$724.07	\$1,003.40	\$691.05
FAMILY	\$1,280.71	\$965.01	\$1,280.71	\$922.07
UNITED HEALTHCARE				
SINGLE	\$671.70	\$254.52	\$671.70	\$258.41
TWO-PARTY	\$1,003.40	\$849.04	\$1,003.40	\$856.82
FAMILY	\$1,280.71	\$1,127.46	\$1,280.71	\$1,137.57
SHARP (SAN DIEGO ONLY)				
SINGLE			\$671.70	\$131.35
TWO-PARTY			\$1,003.40	\$674.70
FAMILY			\$1,280.71	\$900.83
PERS PLATINUM PPO				
SINGLE	\$671.70	\$364.34	\$671.70	\$386.92
TWO-PARTY	\$1,003.40	\$1,068.69	\$1,003.40	\$1,113.83
FAMILY	\$1,280.71	\$1,413.00	\$1,280.71	\$1,471.69
PERS GOLD PPO				
SINGLE	\$671.70	\$0.00	\$671.70	\$0.00
TWO-PARTY	\$1,003.40	\$377.94	\$1,003.40	\$407.27
FAMILY	\$1,280.71	\$515.04	\$1,280.71	\$553.17
DENTAL	DISTRICT CONTRIBUTION		EMPLOYEE DEDUCTION	
DELTA DENTAL HMO				
SINGLE		\$22.10		\$0.00
TWO-PARTY		\$36.15		\$0.00
FAMILY		\$53.18		\$0.00
DELTA DENTAL PPO				
SINGLE		\$46.52		\$0.00
TWO-PARTY		\$135.31		\$0.00
FAMILY		\$135.31		\$0.00
VISION	DISTRICT CONTRIBUTION		EMPLOYEE DEDUCTION	
VSP				
SINGLE		\$13.22		\$0.00
TWO-PARTY		\$13.22		\$0.00
FAMILY		\$13.22		\$0.00

CalPERS Medical Insurance Rates for *CSEA CHPT 30 Members - 8 HOURS*

Effective from January 1, 2022 through December 31, 2022

MEDICAL	Los Angeles, San Bernardino and Riverside Area		Orange, Ventura and San Diego Area	
	DISTRICT CONTRIBUTION	EMPLOYEE DEDUCTION	DISTRICT CONTRIBUTION	EMPLOYEE DEDUCTION
ANTHEM SELECT				
SINGLE	\$633.10	\$178.68	\$633.10	\$221.82
TWO-PARTY	\$964.80	\$658.75	\$964.80	\$745.03
FAMILY	\$1,242.10	\$868.52	\$1,242.10	\$980.68
ANTHEM TRADITIONAL				
SINGLE	\$633.10	\$489.58	\$633.10	\$575.46
TWO-PARTY	\$964.80	\$1,280.57	\$964.80	\$1,452.31
FAMILY	\$1,242.10	\$1,676.88	\$1,242.10	\$1,900.15
BLUE SHIELD ACCESS				
SINGLE	\$633.10	\$302.74	\$633.10	\$447.16
TWO-PARTY	\$964.80	\$906.89	\$964.80	\$1,195.73
FAMILY	\$1,242.10	\$1,191.09	\$1,242.10	\$1,566.58
BLUE SHIELD TRIO				
SINGLE	\$633.10	\$168.66	\$633.10	\$258.14
TWO-PARTY	\$964.80	\$638.71	\$964.80	\$817.68
FAMILY	\$1,242.10	\$842.47	\$1,242.10	\$1,075.12
HEALTH NET SALUD Y MAS				
SINGLE	\$633.10	\$0.00	\$633.10	\$0.00
TWO-PARTY	\$964.80	\$148.49	\$964.80	\$351.02
FAMILY	\$1,242.10	\$205.17	\$1,242.10	\$468.48
HEALTH NET SMARTCARE				
SINGLE	\$633.10	\$284.85	\$633.10	\$381.73
TWO-PARTY	\$964.80	\$871.10	\$964.80	\$1,064.86
FAMILY	\$1,242.10	\$1,144.58	\$1,242.10	\$1,396.45
KAISER				
SINGLE	\$633.10	\$230.64	\$633.10	\$214.12
TWO-PARTY	\$964.80	\$762.67	\$964.80	\$729.65
FAMILY	\$1,242.10	\$1,003.62	\$1,242.10	\$960.68
UNITED HEALTHCARE				
SINGLE	\$633.10	\$293.12	\$633.10	\$297.01
TWO-PARTY	\$964.80	\$887.64	\$964.80	\$895.42
FAMILY	\$1,242.10	\$1,166.07	\$1,242.10	\$1,176.18
SHARP (SAN DIEGO ONLY)				
SINGLE			\$633.10	\$169.95
TWO-PARTY			\$964.80	\$713.30
FAMILY			\$1,242.10	\$939.44
PERS PLATINUM PPO				
SINGLE	\$633.10	\$402.94	\$633.10	\$425.52
TWO-PARTY	\$964.80	\$1,107.29	\$964.80	\$1,152.43
FAMILY	\$1,242.10	\$1,451.61	\$1,242.10	\$1,510.30
PERS GOLD PPO				
SINGLE	\$633.10	\$0.00	\$633.10	\$0.00
TWO-PARTY	\$964.80	\$416.54	\$964.80	\$445.87
FAMILY	\$1,242.10	\$553.65	\$1,242.10	\$591.78
DENTAL				
	DISTRICT CONTRIBUTION		EMPLOYEE DEDUCTION	
DELTA DENTAL HMO				
SINGLE		\$22.10		\$0.00
TWO-PARTY		\$36.15		\$0.00
FAMILY		\$53.18		\$0.00
DELTA DENTAL PPO				
SINGLE		\$46.52		\$0.00
TWO-PARTY		\$135.31		\$0.00
FAMILY		\$135.31		\$0.00
VISION				
	DISTRICT CONTRIBUTION		EMPLOYEE DEDUCTION	
VSP				
SINGLE		\$13.22		\$0.00
TWO-PARTY		\$13.22		\$0.00
FAMILY		\$13.22		\$0.00

CalPERS Medical Insurance Rates for *CSEA CHPT 30 Members - 6 HOURS*

Effective from January 1, 2022 through December 31, 2022

MEDICAL	Los Angeles, San Bernardino and Riverside Area		Orange, Ventura and San Diego Area	
	DISTRICT CONTRIBUTION	EMPLOYEE DEDUCTION	DISTRICT CONTRIBUTION	EMPLOYEE DEDUCTION
ANTHEM SELECT				
SINGLE	\$474.83	\$336.95	\$474.83	\$380.09
TWO-PARTY	\$723.60	\$899.95	\$723.60	\$986.23
FAMILY	\$931.58	\$1,179.04	\$931.58	\$1,291.20
ANTHEM TRADITIONAL				
SINGLE	\$474.83	\$647.85	\$474.83	\$733.73
TWO-PARTY	\$723.60	\$1,521.77	\$723.60	\$1,693.51
FAMILY	\$931.58	\$1,987.40	\$931.58	\$2,210.67
BLUE SHIELD ACCESS				
SINGLE	\$474.83	\$461.01	\$474.83	\$605.43
TWO-PARTY	\$723.60	\$1,148.09	\$723.60	\$1,436.93
FAMILY	\$931.58	\$1,501.61	\$931.58	\$1,877.10
BLUE SHIELD TRIO				
SINGLE	\$474.83	\$326.93	\$474.83	\$416.41
TWO-PARTY	\$723.60	\$879.91	\$723.60	\$1,058.88
FAMILY	\$931.58	\$1,152.99	\$931.58	\$1,385.64
HEALTH NET SALUD Y MAS				
SINGLE	\$474.83	\$81.81	\$474.83	\$183.08
TWO-PARTY	\$723.60	\$389.69	\$723.60	\$592.22
FAMILY	\$931.58	\$515.69	\$931.58	\$779.00
HEALTH NET SMARTCARE				
SINGLE	\$474.83	\$443.12	\$474.83	\$540.00
TWO-PARTY	\$723.60	\$1,112.30	\$723.60	\$1,306.06
FAMILY	\$931.58	\$1,455.10	\$931.58	\$1,706.97
KAISER				
SINGLE	\$474.83	\$388.91	\$474.83	\$372.39
TWO-PARTY	\$723.60	\$1,003.87	\$723.60	\$970.85
FAMILY	\$931.58	\$1,314.14	\$931.58	\$1,271.20
UNITED HEALTHCARE				
SINGLE	\$474.83	\$451.39	\$474.83	\$455.28
TWO-PARTY	\$723.60	\$1,128.84	\$723.60	\$1,136.62
FAMILY	\$931.58	\$1,476.59	\$931.58	\$1,486.70
SHARP (SAN DIEGO ONLY)				
SINGLE			\$474.83	\$328.22
TWO-PARTY			\$723.60	\$954.50
FAMILY			\$931.58	\$1,249.96
PERS PLATINUM PPO				
SINGLE	\$474.83	\$561.21	\$474.83	\$583.79
TWO-PARTY	\$723.60	\$1,348.49	\$723.60	\$1,393.63
FAMILY	\$931.58	\$1,762.13	\$931.58	\$1,820.82
PERS GOLD PPO				
SINGLE	\$474.83	\$215.84	\$474.83	\$230.51
TWO-PARTY	\$723.60	\$657.74	\$723.60	\$687.07
FAMILY	\$931.58	\$864.17	\$931.58	\$902.30
DENTAL				
	DISTRICT CONTRIBUTION		EMPLOYEE DEDUCTION	
DELTA DENTAL HMO				
SINGLE		\$22.10		\$0.00
TWO-PARTY		\$36.15		\$0.00
FAMILY		\$53.18		\$0.00
DELTA DENTAL PPO				
SINGLE		\$46.52		\$0.00
TWO-PARTY		\$135.31		\$0.00
FAMILY		\$135.31		\$0.00
VISION				
	DISTRICT CONTRIBUTION		EMPLOYEE DEDUCTION	
VSP				
SINGLE		\$13.22		\$0.00
TWO-PARTY		\$13.22		\$0.00
FAMILY		\$13.22		\$0.00

CalPERS Medical Insurance Rates for *CSEA CHPT 30 Members - 4 HOURS*

Effective from January 1, 2022 through December 31, 2022

MEDICAL	Los Angeles, San Bernardino and Riverside Area		Orange, Ventura and San Diego Area	
	DISTRICT CONTRIBUTION	EMPLOYEE DEDUCTION	DISTRICT CONTRIBUTION	EMPLOYEE DEDUCTION
ANTHEM SELECT				
SINGLE	\$316.55	\$495.23	\$316.55	\$538.37
TWO-PARTY	\$482.40	\$1,141.15	\$482.40	\$1,227.43
FAMILY	\$621.05	\$1,489.57	\$621.05	\$1,601.73
ANTHEM TRADITIONAL				
SINGLE	\$316.55	\$806.13	\$316.55	\$892.01
TWO-PARTY	\$482.40	\$1,762.97	\$482.40	\$1,934.71
FAMILY	\$621.05	\$2,297.93	\$621.05	\$2,521.20
BLUE SHIELD ACCESS				
SINGLE	\$316.55	\$619.29	\$316.55	\$763.71
TWO-PARTY	\$482.40	\$1,389.29	\$482.40	\$1,678.13
FAMILY	\$621.05	\$1,812.14	\$621.05	\$2,187.63
BLUE SHIELD TRIO				
SINGLE	\$316.55	\$485.21	\$316.55	\$574.69
TWO-PARTY	\$482.40	\$1,121.11	\$482.40	\$1,300.08
FAMILY	\$621.05	\$1,463.52	\$621.05	\$1,696.17
HEALTH NET SALUD Y MAS				
SINGLE	\$316.55	\$240.09	\$316.55	\$341.36
TWO-PARTY	\$482.40	\$630.89	\$482.40	\$833.42
FAMILY	\$621.05	\$826.22	\$621.05	\$1,089.53
HEALTH NET SMARTCARE				
SINGLE	\$316.55	\$601.40	\$316.55	\$698.28
TWO-PARTY	\$482.40	\$1,353.50	\$482.40	\$1,547.26
FAMILY	\$621.05	\$1,765.63	\$621.05	\$2,017.50
KAISER				
SINGLE	\$316.55	\$547.19	\$316.55	\$530.67
TWO-PARTY	\$482.40	\$1,245.07	\$482.40	\$1,212.05
FAMILY	\$621.05	\$1,624.67	\$621.05	\$1,581.73
UNITED HEALTHCARE				
SINGLE	\$316.55	\$609.67	\$316.55	\$613.56
TWO-PARTY	\$482.40	\$1,370.04	\$482.40	\$1,377.82
FAMILY	\$621.05	\$1,787.12	\$621.05	\$1,797.23
SHARP (SAN DIEGO ONLY)				
SINGLE			\$316.55	\$486.50
TWO-PARTY			\$482.40	\$1,195.70
FAMILY			\$621.05	\$1,560.49
PERS PLATINUM PPO				
SINGLE	\$316.55	\$719.49	\$316.55	\$742.07
TWO-PARTY	\$482.40	\$1,589.69	\$482.40	\$1,634.83
FAMILY	\$621.05	\$2,072.66	\$621.05	\$2,131.35
PERS GOLD PPO				
SINGLE	\$316.55	\$374.12	\$316.55	\$388.79
TWO-PARTY	\$482.40	\$898.94	\$482.40	\$928.27
FAMILY	\$621.05	\$1,174.70	\$621.05	\$1,212.83
DENTAL				
	DISTRICT CONTRIBUTION		EMPLOYEE DEDUCTION	
DELTA DENTAL HMO				
SINGLE		\$22.10		\$0.00
TWO-PARTY		\$36.15		\$0.00
FAMILY		\$53.18		\$0.00
DELTA DENTAL PPO				
SINGLE		\$46.52		\$0.00
TWO-PARTY		\$135.31		\$0.00
FAMILY		\$135.31		\$0.00
VISION				
	DISTRICT CONTRIBUTION		EMPLOYEE DEDUCTION	
VSP				
SINGLE		\$13.22		\$0.00
TWO-PARTY		\$13.22		\$0.00
FAMILY		\$13.22		\$0.00

CalPERS Medical Insurance Rates for *POA Members*

Effective from January 1, 2022 through December 31, 2022

MEDICAL	Los Angeles, San Bernardino and Riverside Area		Orange, Ventura and San Diego Area	
	DISTRICT CONTRIBUTION	EMPLOYEE DEDUCTION	DISTRICT CONTRIBUTION	EMPLOYEE DEDUCTION
ANTHEM SELECT				
SINGLE	\$431.70	\$380.08	\$431.70	\$423.22
TWO-PARTY	\$763.40	\$860.15	\$763.40	\$946.43
FAMILY	\$1,040.71	\$1,069.91	\$1,040.71	\$1,182.07
ANTHEM TRADITIONAL				
SINGLE	\$431.70	\$690.98	\$431.70	\$776.86
TWO-PARTY	\$763.40	\$1,481.97	\$763.40	\$1,653.71
FAMILY	\$1,040.71	\$1,878.27	\$1,040.71	\$2,101.54
BLUE SHIELD ACCESS				
SINGLE	\$431.70	\$504.14	\$431.70	\$648.56
TWO-PARTY	\$763.40	\$1,108.29	\$763.40	\$1,397.13
FAMILY	\$1,040.71	\$1,392.48	\$1,040.71	\$1,767.97
BLUE SHIELD TRIO				
SINGLE	\$431.70	\$370.06	\$431.70	\$459.54
TWO-PARTY	\$763.40	\$840.11	\$763.40	\$1,019.08
FAMILY	\$1,040.71	\$1,043.86	\$1,040.71	\$1,276.51
HEALTH NET SALUD Y MAS				
SINGLE	\$431.70	\$124.94	\$431.70	\$226.21
TWO-PARTY	\$763.40	\$349.89	\$763.40	\$552.42
FAMILY	\$1,040.71	\$406.56	\$1,040.71	\$669.87
HEALTH NET SMARTCARE				
SINGLE	\$431.70	\$486.25	\$431.70	\$583.13
TWO-PARTY	\$763.40	\$1,072.50	\$763.40	\$1,266.26
FAMILY	\$1,040.71	\$1,345.97	\$1,040.71	\$1,597.84
KAISER				
SINGLE	\$431.70	\$432.04	\$431.70	\$415.52
TWO-PARTY	\$763.40	\$964.07	\$763.40	\$931.05
FAMILY	\$1,040.71	\$1,205.01	\$1,040.71	\$1,162.07
UNITED HEALTHCARE				
SINGLE	\$431.70	\$494.52	\$431.70	\$498.41
TWO-PARTY	\$763.40	\$1,089.04	\$763.40	\$1,096.82
FAMILY	\$1,040.71	\$1,367.46	\$1,040.71	\$1,377.57
SHARP (SAN DIEGO ONLY)				
SINGLE			\$431.70	\$371.35
TWO-PARTY			\$763.40	\$914.70
FAMILY			\$1,040.71	\$1,140.83
PERS PLATINUM PPO				
SINGLE	\$431.70	\$604.34	\$431.70	\$626.92
TWO-PARTY	\$763.40	\$1,308.69	\$763.40	\$1,353.83
FAMILY	\$1,040.71	\$1,653.00	\$1,040.71	\$1,711.69
PERS GOLD PPO				
SINGLE	\$431.70	\$258.97	\$431.70	\$273.64
TWO-PARTY	\$763.40	\$617.94	\$763.40	\$647.27
FAMILY	\$1,040.71	\$755.04	\$1,040.71	\$793.17
DENTAL				
	DISTRICT CONTRIBUTION		EMPLOYEE DEDUCTION	
DELTA DENTAL HMO				
SINGLE		\$22.10		\$0.00
TWO-PARTY		\$36.15		\$0.00
FAMILY		\$53.18		\$0.00
DELTA DENTAL PPO				
SINGLE		\$46.52		\$0.00
TWO-PARTY		\$135.31		\$0.00
FAMILY		\$135.31		\$0.00
VISION				
	DISTRICT CONTRIBUTION		EMPLOYEE DEDUCTION	
VSP				
SINGLE		\$13.22		\$0.00
TWO-PARTY		\$13.22		\$0.00
FAMILY		\$13.22		\$0.00

Medical Insurance Rates for *Teamsters 911 Members*

Effective from October 1, 2020 through September 30, 2021

MEDICAL	DISTRICT CONTRIBUTION	EMPLOYEE DEDUCTION
KAISER		
SINGLE	\$579.20	\$31.60
TWO-PARTY	\$1,052.00	\$122.80
FAMILY	\$1,365.70	\$280.70
DENTAL	DISTRICT CONTRIBUTION	EMPLOYEE DEDUCTION
DELTA DENTAL HMO		
SINGLE	\$22.10	\$0.00
TWO-PARTY	\$36.15	\$0.00
FAMILY	\$53.18	\$0.00
DELTA DENTAL PPO		
SINGLE	\$46.52	\$0.00
TWO-PARTY	\$135.31	\$0.00
FAMILY	\$135.31	\$0.00