



CCHP
Health Plan

Employer Group Plans 2019 Supplemental Benefit Rates

VSP® Vision Care	Per Member Per Month
Adult Advantage Plan B (12/12/24)	\$4.79
Adult Advantage Plan C (12/12/12)	\$5.32

DeltaCare® USA	Per Member Per Month
Adult Dental Plan (Delta Dental)	\$18.05

How to Contact Us?

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