

**2020 CONTRA COSTA COUNTY
MONTHLY MEDICAL AND DENTAL PLAN PREMIUMS**

PERMANENT FULL TIME EMPLOYEES AND PART TIME EMPLOYEES SCHEDULED TO WORK AT LEAST 20 HOURS PER WEEK

PLAN/COVERAGE DESCRIPTION	2020 TOTAL MONTHLY PREMIUM	2020 COUNTY MONTHLY SUBSIDY	2020 EMPLOYEE MONTHLY SHARE
CONTRA COSTA HEALTH PLAN - BASIC PLAN A			
Employee on Basic Plan	\$892.18	\$669.14	\$223.04
Employee & 1	\$1,784.34	\$1,338.26	\$446.08
Employee & 2 or more dependents on Basic Plan	\$2,676.54	\$2,047.55	\$628.99
CONTRA COSTA HEALTH PLAN - BASIC PLAN B			
Employee on Basic Plan	\$989.00	\$669.14	\$319.86
Employee & 1	\$1,978.00	\$1,338.26	\$639.74
Employee & 2 or more dependents on Basic Plan	\$2,967.00	\$2,047.55	\$919.45
KAISER PERMANENTE - BASIC PLAN A			
Employee on Basic Plan	\$879.23	\$669.14	\$210.09
Employee & 1	\$1,758.46	\$1,338.26	\$420.20
Employee & 2 or more dependents on Basic Plan	\$2,637.69	\$2,047.55	\$590.14
KAISER PERMANENTE - BASIC PLAN B			
Employee on Basic Plan	\$698.82	\$669.14	\$29.68
Employee & 1	\$1,397.64	\$1,338.26	\$59.38
Employee & 2 or more dependents on Basic Plan	\$2,096.46	\$2,047.55	\$48.91
KAISER PERMANENTE - HIGH DEDUCTIBLE PLAN			
Employee on Basic Plan	\$560.90	\$560.90	\$0.00
Employee & 1	\$1,121.80	\$1,121.80	\$0.00
Employee & 2 or more dependents on Basic Plan	\$1,682.70	\$1,682.70	\$0.00
Health Net SmartCare HMO A (new plan)			
Employee on Basic Plan	\$1,322.48	\$669.14	\$653.34
Employee & 1	\$2,644.96	\$1,338.26	\$1,306.70
Employee & 2 or more dependents on Basic Plan	\$3,967.44	\$2,047.55	\$1,919.89
Health Net SmartCare HMO B (new plan)			
Employee on Basic Plan	\$942.98	\$669.14	\$273.84
Employee & 1	\$1,885.96	\$1,338.26	\$547.70
Employee & 2 or more dependents on Basic Plan	\$2,828.94	\$2,047.55	\$781.39
HEALTH NET PPO PLAN - BASIC PLAN A			
Employee on PPO Basic Plan	\$2,691.46	\$669.14	\$2,022.32
Employee & 1	\$5,382.92	\$1,338.26	\$4,044.66
Employee & 2 or more dependents on Basic Plan	\$8,074.38	\$2,047.55	\$6,026.83

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DELTA DENTAL PREMIER PPO - \$1,800 Annual Maximum			
For CCHP Plans			
Employee	\$46.52	\$41.17	\$5.35
Employee + 1	\$105.08	\$93.00	\$12.08
Employee + 2 or more	\$105.08	\$93.00	\$12.08
For Health Net Plans			
Employee	\$46.52	\$34.02	\$12.50
Employee + 1	\$105.08	\$76.77	\$28.31
Employee + 2 or more	\$105.08	\$76.77	\$28.31
For Kaiser Permanente Plans			
Employee	\$46.52	\$34.02	\$12.50
Employee + 1	\$105.08	\$76.77	\$28.31
Employee + 2 or more	\$105.08	\$76.77	\$28.31
Without a Health Plan			
Employee	\$46.52	\$43.35	\$3.17
Employee + 1	\$105.08	\$97.81	\$7.27
Employee + 2 or more	\$105.08	\$97.81	\$7.27
DELTA CARE (HMO)			
For CCHP Plans			
Employee	\$29.06	\$25.41	\$3.65
Employee + 1	\$62.81	\$54.91	\$7.90
Employee + 2 or more	\$62.81	\$54.91	\$7.90
For Health Net Plans			
Employee	\$29.06	\$21.31	\$7.75
Employee + 1	\$62.81	\$46.05	\$16.76
Employee + 2 or more	\$62.81	\$46.05	\$16.76
For Kaiser Permanente Plans			
Employee	\$29.06	\$21.31	\$7.75
Employee + 1	\$62.81	\$46.05	\$16.76
Employee + 2 or more	\$62.81	\$46.05	\$16.76
Without a Health Plan			
Employee	\$29.06	\$27.31	\$1.75
Employee + 1	\$62.81	\$59.03	\$3.78
Employee + 2 or more	\$62.81	\$59.03	\$3.78
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