

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 FIRST 5 MONTHLY SUBSIDY	2020 EMPLOYEE MONTHLY SHARE
CONTRA COSTA HEALTH PLAN - BASIC PLAN A			
Employee on Basic Plan	\$892.18	\$713.75	\$178.43
Employee & 1	\$1,784.34	\$1,427.48	\$356.86
Employee & 2 or more dependents on Basic Plan	\$2,676.54	\$2,141.24	\$535.30
CONTRA COSTA HEALTH PLAN - BASIC PLAN B			
Employee on Basic Plan	\$989.00	\$791.20	\$197.80
Employee & 1	\$1,978.00	\$1,582.40	\$395.60
Employee & 2 or more dependents on Basic Plan	\$2,967.00	\$2,373.60	\$593.40
KAISER PERMANENTE - BASIC PLAN A			
Employee on Basic Plan	\$879.23	\$703.39	\$175.84
Employee & 1	\$1,758.46	\$1,406.77	\$351.69
Employee & 2 or more dependents on Basic Plan	\$2,637.69	\$2,110.16	\$527.53
KAISER PERMANENTE - BASIC PLAN B			
Employee on Basic Plan	\$698.82	\$559.06	\$139.76
Employee & 1	\$1,397.64	\$1,118.12	\$279.52
Employee & 2 or more dependents on Basic Plan	\$2,096.46	\$1,677.17	\$419.29
KAISER PERMANENTE - HIGH DEDUCTIBLE PLAN			
Employee on Basic Plan	\$560.90	\$448.72	\$112.18
Employee & 1	\$1,121.80	\$897.44	\$224.36
Employee & 2 or more dependents on Basic Plan	\$1,682.70	\$1,346.16	\$336.54
Health Net SmartCare HMO A (new plan)			
Employee on Basic Plan	\$1,322.48	\$1,057.99	\$264.49
Employee & 1	\$2,644.96	\$2,115.97	\$528.99
Employee & 2 or more dependents on Basic Plan	\$3,967.44	\$3,173.96	\$793.48
Health Net SmartCare HMO B (new plan)			
Employee on Basic Plan	\$942.98	\$754.39	\$188.59
Employee & 1	\$1,885.96	\$1,508.77	\$377.19
Employee & 2 or more dependents on Basic Plan	\$2,828.94	\$2,263.16	\$565.78
HEALTH NET PPO PLAN - BASIC PLAN A			
Employee on Basic Plan	\$2,691.46	\$2,153.17	\$538.29
Employee & 1	\$5,382.92	\$4,306.34	\$1,076.58
Employee & 2 or more dependents on Basic Plan	\$8,074.38	\$6,459.51	\$1,614.87

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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