

## 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 LAFCO MONTHLY SUBSIDY	2020 EMPLOYEE MONTHLY SHARE
<b>CONTRA COSTA HEALTH PLAN - BASIC PLAN A</b>			
Employee on Basic Plan	\$892.18	\$874.34	\$17.84
Employee & 1	\$1,784.34	\$1,748.66	\$35.68
Employee & 2 or more dependents on Basic Plan	\$2,676.54	\$2,623.01	\$53.53
<b>CONTRA COSTA HEALTH PLAN - BASIC PLAN B</b>			
Employee on Basic Plan	\$989.00	\$890.10	\$98.90
Employee & 1	\$1,978.00	\$1,780.20	\$197.80
Employee & 2 or more dependents on Basic Plan	\$2,967.00	\$2,670.30	\$296.70
<b>KAISER PERMANENTE - BASIC PLAN A</b>			
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
<b>KAISER PERMANENTE - BASIC PLAN B</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
<b>KAISER PERMANENTE - HIGH DEDUCTIBLE PLAN</b>			
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
<b>Health Net SmartCare HMO A (new plan)</b>			
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
<b>Health Net SmartCare HMO B (new plan)</b>			
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
<b>HEALTH NET PPO PLAN - BASIC PLAN A</b>			
Employee on Basic Plan	\$2,691.46	\$1,416.83	\$1,274.63
Employee & 1	\$5,382.92	\$2,860.32	\$2,522.60
Employee & 2 or more dependents on Basic Plan	\$8,074.38	\$4,206.05	\$3,868.33

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PLAN/COVERAGE DESCRIPTION		2020 TOTAL MONTHLY PREMIUM	2020 LAFCO MONTHLY SUBSIDY	2020 EMPLOYEE MONTHLY SHARE
<b>DELTA DENTAL PREMIER - \$1,800 Annual Maximum</b>				
For CCHP Plans	Employee	\$46.52	\$45.59	\$0.93
	Employee + 1	\$105.08	\$102.98	\$2.10
	Employee + 2 or more	\$105.08	\$102.98	\$2.10
For Health Net Plans	Employee	\$46.52	\$45.59	\$0.93
	Employee + 1	\$105.08	\$102.98	\$2.10
	Employee + 2 or more	\$105.08	\$102.98	\$2.10
For Kaiser Permanente Plans	Employee	\$46.52	\$36.29	\$10.23
	Employee + 1	\$105.08	\$81.96	\$23.12
	Employee + 2 or more	\$105.08	\$81.96	\$23.12
Without a Health Plan	Employee	\$46.52	\$46.51	\$0.01
	Employee + 1	\$105.08	\$105.07	\$0.01
	Employee + 2 or more	\$105.08	\$105.07	\$0.01
<b>DELTA CARE (PMI)</b>				
For CCHP Plans	Employee	\$29.06	\$28.48	\$0.58
	Employee + 1	\$62.81	\$61.55	\$1.26
	Employee + 2 or more	\$62.81	\$61.55	\$1.26
For Health Net Plans	Employee	\$29.06	\$22.67	\$6.39
	Employee + 1	\$62.81	\$48.99	\$13.82
	Employee + 2 or more	\$62.81	\$48.99	\$13.82
For Kaiser Permanente Plans	Employee	\$29.06	\$22.67	\$6.39
	Employee + 1	\$62.81	\$48.99	\$13.82
	Employee + 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
	Employee + 2 or more	\$62.81	\$62.80	\$0.01
<b>VSP VOLUNTARY VISION PLAN</b>				
	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