

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

PERMANENT INTERMITTENT

PLAN/COVERAGE DESCRIPTION	2020 TOTAL MONTHLY PREMIUM	2020 LIFE INSURANCE PREMIUM	2020 EMPLOYEE MONTHLY SHARE
CONTRA COSTA HEALTH PLAN - BASIC PLAN A			
Employee on Basic Plan	\$892.18	\$0.80	\$892.98
Employee & 1	\$1,784.34	\$0.80	\$1,785.14
Employee & 2 or more dependents on Basic Plan	\$2,676.54	\$0.80	\$2,677.34
CONTRA COSTA HEALTH PLAN - BASIC PLAN B			
Employee on Basic Plan	\$989.00	\$0.80	\$989.80
Employee & 1	\$1,978.00	\$0.80	\$1,978.80
Employee & 2 or more dependents on Basic Plan	\$2,967.00	\$0.80	\$2,967.80
CONTRA COSTA HEALTH PLAN A2			
Employee on Basic Plan	\$734.56	\$255.54	\$479.02
Employee & 1	\$1,643.16	\$255.54	\$1,387.62
Employee & 2 or more dependents on Basic Plan	\$1,643.16	\$255.54	\$1,387.62
KAISER PERMANENTE - BASIC PLAN A			
Employee on Basic Plan	\$879.23	\$0.80	\$880.03
Employee & 1	\$1,758.46	\$0.80	\$1,759.26
Employee & 2 or more dependents on Basic Plan	\$2,637.69	\$0.80	\$2,638.49
KAISER PERMANENTE - BASIC PLAN B			
Employee on Basic Plan	\$698.82	\$0.80	\$699.62
Employee & 1	\$1,397.64	\$0.80	\$1,398.44
Employee & 2 or more dependents on Basic Plan	\$2,096.46	\$0.80	\$2,097.26
KAISER PERMANENTE - HIGH DEDUCTIBLE HEALTH PLAN			
Employee on Basic Plan	\$560.90	\$0.80	\$561.70
Employee & 1	\$1,121.80	\$0.80	\$1,122.60
Employee & 2 or more dependents on Basic Plan	\$1,682.70	\$0.80	\$1,683.50
Health Net SmartCare HMO A (new plan)			
Employee on Basic Plan	\$1,322.48	\$0.80	\$1,323.28
Employee & 1	\$2,644.96	\$0.80	\$2,645.76
Employee & 2 or more dependents on Basic Plan	\$3,967.44	\$0.80	\$3,968.24
Health Net SmartCare HMO B (new plan)			
Employee on Basic Plan	\$942.98	\$0.80	\$943.78
Employee & 1	\$1,885.96	\$0.80	\$1,886.76
Employee & 2 or more dependents on Basic Plan	\$2,828.94	\$0.80	\$2,829.74
HEALTH NET PPO PLAN - BASIC PLAN A			
Employee on PPO Basic Plan	\$2,691.46	\$0.80	\$2,692.26
Employee & 1	\$5,382.92	\$0.80	\$5,383.72
Employee & 2 or more dependents on Basic Plan	\$8,074.38	\$0.80	\$8,075.18

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DELTA DENTAL PREMIER - \$1,800 Annual Maximum				
For CCHP Plans	Employee	\$46.52	\$0.00	\$46.52
	Employee + 1	\$105.08	\$0.00	\$105.08
	Employee + 2 or more	\$105.08	\$0.00	\$105.08
For Health Net Plans	Employee	\$46.52	\$0.00	\$46.52
	Employee + 1	\$105.08	\$0.00	\$105.08
	Employee + 2 or more	\$105.08	\$0.00	\$105.08
For Kaiser Permanente Plans	Employee	\$46.52	\$0.00	\$46.52
	Employee + 1	\$105.08	\$0.00	\$105.08
	Employee + 2 or more	\$105.08	\$0.00	\$105.08
Without a Health Plan	Employee	\$46.52	\$0.80	\$47.32
	Employee + 1	\$105.08	\$0.80	\$105.88
	Employee + 2 or more	\$105.08	\$0.80	\$105.88
DELTA CARE (PMI)				
For CCHP Plans	Employee	\$29.06	\$0.00	\$29.06
	Employee + 1	\$62.81	\$0.00	\$62.81
	Employee + 2 or more	\$62.81	\$0.00	\$62.81
For Health Net Plans	Employee	\$29.06	\$0.00	\$29.06
	Employee + 1	\$62.81	\$0.00	\$62.81
	Employee + 2 or more	\$62.81	\$0.00	\$62.81
For Kaiser Permanente Plans	Employee	\$29.06	\$0.00	\$29.06
	Employee + 1	\$62.81	\$0.00	\$62.81
	Employee + 2 or more	\$62.81	\$0.00	\$62.81
Without a Health Plan	Employee	\$29.06	\$0.80	\$29.86
	Employee + 1	\$62.81	\$0.80	\$63.61
	Employee + 2 or more	\$62.81	\$0.80	\$63.61