

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

PERMANENT INTERMITTENT

PLAN/COVERAGE DESCRIPTION	2020 TOTAL MONTHLY PREMIUM
CONTRA COSTA HEALTH PLAN - BASIC PLAN A	
Employee on Basic Plan	\$892.18
Employee & 1	\$1,784.34
Employee & 2 or more dependents on Basic Plan	\$2,676.54
CONTRA COSTA HEALTH PLAN - BASIC PLAN B	
Employee on Basic Plan	\$989.00
Employee & 1	\$1,978.00
Employee & 2 or more dependents on Basic Plan	\$2,967.00
KAISER PERMANENTE - BASIC PLAN A	
Employee on Basic Plan	\$879.23
Employee & 1	\$1,758.46
Employee & 2 or more dependents on Basic Plan	\$2,637.69
KAISER PERMANENTE - BASIC PLAN B	
Employee on Basic Plan	\$698.82
Employee & 1	\$1,397.64
Employee & 2 or more dependents on Basic Plan	\$2,096.46
KAISER PERMANENTE - HIGH DEDUCTIBLE HEALTH PLAN	
Employee on Basic Plan	\$560.90
Employee & 1	\$1,121.80
Employee & 2 or more dependents on Basic Plan	\$1,682.70
Health Net SmartCare HMO A (new plan)	
Employee on Basic Plan	\$1,322.48
Employee & 1	\$2,644.96
Employee & 2 or more dependents on Basic Plan	\$3,967.44
Health Net SmartCare HMO B (new plan)	
Employee on Basic Plan	\$942.98
Employee & 1	\$1,885.96
Employee & 2 or more dependents on Basic Plan	\$2,828.94
HEALTH NET PPO PLAN - BASIC PLAN A	
Employee on PPO Basic Plan	\$2,691.46
Employee & 1	\$5,382.92
Employee & 2 or more dependents on Basic Plan	\$8,074.38

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PLAN/COVERAGE DESCRIPTION		2020 TOTAL MONTHLY PREMIUM
DELTA DENTAL PREMIER - \$1,800 Annual Maximum		
For CCHP Plans	Employee	\$46.52
	Employee + 1	\$105.08
	Employee + 2 or more	\$105.08
For Health Net Plans	Employee	\$46.52
	Employee + 1	\$105.08
	Employee + 2 or more	\$105.08
For Kaiser Permanente Plans	Employee	\$46.52
	Employee + 1	\$105.08
	Employee + 2 or more	\$105.08
Without a Health Plan	Employee	\$46.52
	Employee + 1	\$105.08
	Employee + 2 or more	\$105.08
DELTA CARE (PMI)		
For CCHP Plans	Employee	\$29.06
	Employee + 1	\$62.81
	Employee + 2 or more	\$62.81
For Health Net Plans	Employee	\$29.06
	Employee + 1	\$62.81
	Employee + 2 or more	\$62.81
For Kaiser Permanente Plans	Employee	\$29.06
	Employee + 1	\$62.81
	Employee + 2 or more	\$62.81
Without a Health Plan	Employee	\$29.06
	Employee + 1	\$62.81
	Employee + 2 or more	\$62.81