

COBRA PARTICIPANTS

PLAN/COVERAGE DESCRIPTION	2020 TOTAL MONTHLY PREMIUM	MONTHLY ADMIN FEE	PARTICIPANT MONTHLY SHARE	
<b>CONTRA COSTA HEALTH PLAN - BASIC PLAN A</b>				
Employee on Basic Plan	\$962.77	\$19.26	\$982.03	
Employee & 1 or more dependents on Basic Plan	\$2,293.83	\$45.88	\$2,339.71	
<b>CONTRA COSTA HEALTH PLAN - BASIC PLAN B</b>				
Employee on Basic Plan	\$1,067.24	\$21.34	\$1,088.58	
Employee & 1 or more dependents on Basic Plan	\$2,535.93	\$50.72	\$2,586.65	
<b>KAISER PERMANENTE - BASIC PLAN A</b>				
Employee on Basic Plan	\$960.76	\$19.22	\$979.98	
Employee & 1 or more dependents on Basic Plan	\$2,238.57	\$44.77	\$2,283.34	
<b>KAISER PERMANENTE - BASIC PLAN B</b>				
Employee on Basic Plan	\$783.35	\$15.67	\$799.02	
Employee & 1 or more dependents on Basic Plan	\$1,825.21	\$36.50	\$1,861.71	
<b>HEALTH NET HMO PLAN - BASIC PLAN A</b>				
Employee on Basic Plan	\$1,885.66	\$37.71	\$1,923.37	
Employee & 1 or more dependents on Basic Plan	\$4,619.87	\$92.40	\$4,712.27	
<b>HEALTH NET HMO PLAN - BASIC PLAN B</b>				
Employee on Basic Plan	\$1,311.25	\$26.23	\$1,337.48	
Employee & 1 or more dependents on Basic Plan	\$3,212.56	\$64.25	\$3,276.81	
<b>HEALTH NET PPO PLAN - BASIC PLAN A</b>				
Employee on PPO Basic Plan	\$2,783.36	\$55.67	\$2,839.03	
Employee & 1 or more dependents on PPO Basic Plan	\$6,624.40	\$132.49	\$6,756.89	
<b>DELTA DENTAL PREMIER PPO - \$1,800 Annual Maximum</b>				
For CCHP Plans	Employee	\$46.52	\$0.93	\$47.45
	Family	\$105.08	\$2.10	\$107.18
For Health Net Plans	Employee	\$46.52	\$0.93	\$47.45
	Family	\$105.08	\$2.10	\$107.18
For Kaiser Permanente Plans	Employee	\$46.52	\$0.93	\$47.45
	Family	\$105.08	\$2.10	\$107.18
Without a Health Plan	Employee	\$46.52	\$0.93	\$47.45
	Family	\$105.08	\$2.10	\$107.18
<b>DELTA CARE (HMO)</b>				
For CCHP Plans	Employee	\$29.06	\$0.58	\$29.64
	Family	\$62.81	\$1.26	\$64.07
For Health Net Plans	Employee	\$29.06	\$0.58	\$29.64
	Family	\$62.81	\$1.26	\$64.07
For Kaiser Permanente Plans	Employee	\$29.06	\$0.58	\$29.64
	Family	\$62.81	\$1.26	\$64.07
Without a Health Plan	Employee	\$29.06	\$0.58	\$29.64
	Family	\$62.81	\$1.26	\$64.07