

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

COBRA PARTICIPANTS

PLAN/COVERAGE DESCRIPTION	2020 TOTAL MONTHLY PREMIUM	MONTHLY ADMIN FEE	PARTICIPANT MONTHLY SHARE
CONTRA COSTA HEALTH PLAN - BASIC PLAN A			
Employee on Basic Plan	\$892.18	\$17.84	\$910.02
Employee & 1	\$1,784.34	\$35.69	\$1,820.03
Employee & 2 or more dependents on Basic Plan	\$2,676.54	\$53.53	\$2,730.07
CONTRA COSTA HEALTH PLAN - BASIC PLAN B			
Employee on Basic Plan	\$989.00	\$19.78	\$1,008.78
Employee & 1	\$1,978.00	\$39.56	\$2,017.56
Employee & 2 or more dependents on Basic Plan	\$2,967.00	\$59.34	\$3,026.34
KAISER PERMANENTE - BASIC PLAN A			
Employee on Basic Plan	\$879.23	\$17.58	\$896.81
Employee & 1	\$1,758.46	\$35.17	\$1,793.63
Employee & 2 or more dependents on Basic Plan	\$2,637.69	\$52.75	\$2,690.44
KAISER PERMANENTE - BASIC PLAN B			
Employee on Basic Plan	\$698.82	\$13.98	\$712.80
Employee & 1	\$1,397.64	\$27.95	\$1,425.59
Employee & 2 or more dependents on Basic Plan	\$2,096.46	\$41.93	\$2,138.39
KAISER PERMANENTE - HIGH DEDUCTIBLE PLAN			
Employee on Basic Plan	\$560.90	\$11.22	\$572.12
Employee & 1	\$1,121.80	\$22.44	\$1,144.24
Employee & 2 or more dependents on Basic Plan	\$1,682.70	\$33.65	\$1,716.35
Health Net SmartCare HMO A (new plan)			
Employee on Basic Plan	\$1,322.48	\$26.45	\$1,348.93
Employee & 1	\$2,644.96	\$52.90	\$2,697.86
Employee & 2 or more dependents on Basic Plan	\$3,967.44	\$79.35	\$4,046.79
Health Net SmartCare HMO B (new plan)			
Employee on Basic Plan	\$942.98	\$18.86	\$961.84
Employee & 1	\$1,885.96	\$37.72	\$1,923.68
Employee & 2 or more dependents on Basic Plan	\$2,828.94	\$56.58	\$2,885.52
HEALTH NET PPO PLAN - BASIC PLAN A			
Employee on PPO Basic Plan	\$2,691.46	\$53.83	\$2,745.29
Employee & 1	\$5,382.92	\$107.66	\$5,490.58
Employee & 2 or more dependents on Basic Plan	\$8,074.38	\$161.49	\$8,235.87

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DELTA DENTAL PREMIER PPO - \$1,800 Annual Maximum				
For CCHP Plans	Employee	\$46.52	\$0.93	\$47.45
	Employee + 1	\$105.08	\$2.10	\$107.18
	Employee + 2 or more	\$105.08	\$2.10	\$107.18
For Health Net Plans	Employee	\$46.52	\$0.93	\$47.45
	Employee + 1	\$105.08	\$2.10	\$107.18
	Employee + 2 or more	\$105.08	\$2.10	\$107.18
For Kaiser Permanente Plans	Employee	\$46.52	\$0.93	\$47.45
	Employee + 1	\$105.08	\$2.10	\$107.18
	Employee + 2 or more	\$105.08	\$2.10	\$107.18
Without a Health Plan	Employee	\$46.52	\$0.93	\$47.45
	Employee + 1	\$105.08	\$2.10	\$107.18
	Employee + 2 or more	\$105.08	\$2.10	\$107.18
DELTA CARE (HMO)				
For CCHP Plans	Employee	\$29.06	\$0.58	\$29.64
	Employee + 1	\$62.81	\$1.26	\$64.07
	Employee + 2 or more	\$62.81	\$1.26	\$64.07
For Health Net Plans	Employee	\$29.06	\$0.58	\$29.64
	Employee + 1	\$62.81	\$1.26	\$64.07
	Employee + 2 or more	\$62.81	\$1.26	\$64.07
For Kaiser Permanente Plans	Employee	\$29.06	\$0.58	\$29.64
	Employee + 1	\$62.81	\$1.26	\$64.07
	Employee + 2 or more	\$62.81	\$1.26	\$64.07
Without a Health Plan	Employee	\$29.06	\$0.58	\$29.64
	Employee + 1	\$62.81	\$1.26	\$64.07
	Employee + 2 or more	\$62.81	\$1.26	\$64.07
VSP VOLUNTARY VISION PLAN				
	Employee	\$10.08	\$0.20	\$10.28
	Employee + 1	\$20.14	\$0.40	\$20.54
	Employee + 2 or more	\$32.44	\$0.65	\$33.09