

**2021 CONTRA COSTA COUNTY
MONTHLY MEDICAL AND DENTAL PLAN PREMIUMS**

PERMANENT FULL TIME EMPLOYEES AND PART TIME EMPLOYEES SCHEDULED TO WORK AT LEAST 20 HOURS PER WEEK

PLAN/COVERAGE DESCRIPTION	2021 TOTAL MONTHLY PREMIUM	2021 COUNTY MONTHLY SUBSIDY	2021 EMPLOYEE MONTHLY SHARE
CONTRA COSTA HEALTH PLAN - BASIC PLAN A			
Employee on Basic Plan	\$979.31	\$730.82	\$248.49
Employee & 1	\$1,958.59	\$1,461.64	\$496.95
Employee & 2 or more dependents on Basic Plan	\$2,937.92	\$2,192.46	\$745.46
CONTRA COSTA HEALTH PLAN - BASIC PLAN B			
Employee on Basic Plan	\$1,085.58	\$730.82	\$354.76
Employee & 1	\$2,171.16	\$1,461.64	\$709.52
Employee & 2 or more dependents on Basic Plan	\$3,256.75	\$2,192.46	\$1,064.29
KAISER PERMANENTE - BASIC PLAN A			
Employee on Basic Plan	\$909.04	\$730.82	\$178.22
Employee & 1	\$1,818.08	\$1,461.64	\$356.44
Employee & 2 or more dependents on Basic Plan	\$2,727.12	\$2,192.46	\$534.66
KAISER PERMANENTE - BASIC PLAN B			
Employee on Basic Plan	\$722.50	\$702.50	\$20.00
Employee & 1	\$1,445.00	\$1,405.00	\$40.00
Employee & 2 or more dependents on Basic Plan	\$2,167.50	\$2,107.50	\$60.00
KAISER PERMANENTE - HIGH DEDUCTIBLE PLAN			
Employee on Basic Plan	\$579.96	\$579.96	\$0.00
Employee & 1	\$1,159.92	\$1,159.92	\$0.00
Employee & 2 or more dependents on Basic Plan	\$1,739.88	\$1,739.88	\$0.00
Health Net SmartCare HMO A			
Employee on Basic Plan	\$1,305.65	\$730.82	\$574.83
Employee & 1	\$2,611.30	\$1,461.64	\$1,149.66
Employee & 2 or more dependents on Basic Plan	\$3,916.95	\$2,192.46	\$1,724.49
Health Net SmartCare HMO B			
Employee on Basic Plan	\$930.98	\$730.82	\$200.16
Employee & 1	\$1,861.96	\$1,461.64	\$400.32
Employee & 2 or more dependents on Basic Plan	\$2,792.94	\$2,192.46	\$600.48
HEALTH NET PPO PLAN - BASIC PLAN A			
Employee on PPO Basic Plan	\$2,967.02	\$730.82	\$2,236.20
Employee & 1	\$5,934.04	\$1,461.64	\$4,472.40
Employee & 2 or more dependents on Basic Plan	\$8,901.06	\$2,192.46	\$6,708.60

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DELTA DENTAL PREMIER PPO - \$1,800 Annual Maximum			
For CCHP Plans			
Employee	\$46.52	\$41.17	\$5.35
Employee + 1	\$105.08	\$93.00	\$12.08
Employee + 2 or more	\$105.08	\$93.00	\$12.08
For Health Net Plans			
Employee	\$46.52	\$34.02	\$12.50
Employee + 1	\$105.08	\$76.77	\$28.31
Employee + 2 or more	\$105.08	\$76.77	\$28.31
For Kaiser Permanente Plans			
Employee	\$46.52	\$34.02	\$12.50
Employee + 1	\$105.08	\$76.77	\$28.31
Employee + 2 or more	\$105.08	\$76.77	\$28.31
Without a Health Plan			
Employee	\$46.52	\$43.35	\$3.17
Employee + 1	\$105.08	\$97.81	\$7.27
Employee + 2 or more	\$105.08	\$97.81	\$7.27
DELTA CARE (HMO)			
For CCHP Plans			
Employee	\$25.35	\$25.35	\$0.00
Employee + 1	\$54.78	\$54.78	\$0.00
Employee + 2 or more	\$54.78	\$54.78	\$0.00
For Health Net Plans			
Employee	\$25.35	\$21.31	\$4.04
Employee + 1	\$54.78	\$46.05	\$8.73
Employee + 2 or more	\$54.78	\$46.05	\$8.73
For Kaiser Permanente Plans			
Employee	\$25.35	\$21.31	\$4.04
Employee + 1	\$54.78	\$46.05	\$8.73
Employee + 2 or more	\$54.78	\$46.05	\$8.73
Without a Health Plan			
Employee	\$25.35	\$25.35	\$0.00
Employee + 1	\$54.78	\$54.78	\$0.00
Employee + 2 or more	\$54.78	\$54.78	\$0.00
VSP VOLUNTARY VISION PLAN			
Employee	\$9.98	\$0.00	\$9.98
Employee + 1	\$19.94	\$0.00	\$19.94
Employee + 2 or more	\$32.12	\$0.00	\$32.12