

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 FIRST 5 MONTHLY SUBSIDY	2021 EMPLOYEE MONTHLY SHARE
CONTRA COSTA HEALTH PLAN - BASIC PLAN A			
Employee on Basic Plan	\$979.31	\$783.45	\$195.86
Employee & 1	\$1,958.59	\$1,566.88	\$391.71
Employee & 2 or more dependents on Basic Plan	\$2,937.92	\$2,350.34	\$587.58
CONTRA COSTA HEALTH PLAN - BASIC PLAN B			
Employee on Basic Plan	\$1,085.58	\$868.47	\$217.11
Employee & 1	\$2,171.16	\$1,736.93	\$434.23
Employee & 2 or more dependents on Basic Plan	\$3,256.75	\$2,605.40	\$651.35
KAISER PERMANENTE - BASIC PLAN A			
Employee on Basic Plan	\$909.04	\$727.24	\$181.80
Employee & 1	\$1,818.08	\$1,454.47	\$363.61
Employee & 2 or more dependents on Basic Plan	\$2,727.12	\$2,181.70	\$545.42
KAISER PERMANENTE - BASIC PLAN B			
Employee on Basic Plan	\$722.50	\$578.00	\$144.50
Employee & 1	\$1,445.00	\$1,156.00	\$289.00
Employee & 2 or more dependents on Basic Plan	\$2,167.50	\$1,734.00	\$433.50
KAISER PERMANENTE - HIGH DEDUCTIBLE PLAN			
Employee on Basic Plan	\$579.96	\$463.97	\$115.99
Employee & 1	\$1,159.92	\$927.94	\$231.98
Employee & 2 or more dependents on Basic Plan	\$1,739.88	\$1,391.91	\$347.97
Health Net SmartCare HMO A			
Employee on Basic Plan	\$1,305.65	\$1,044.52	\$261.13
Employee & 1	\$2,611.30	\$2,089.04	\$522.26
Employee & 2 or more dependents on Basic Plan	\$3,916.95	\$3,133.56	\$783.39
Health Net SmartCare HMO B			
Employee on Basic Plan	\$930.98	\$744.79	\$186.19
Employee & 1	\$1,861.96	\$1,489.57	\$372.39
Employee & 2 or more dependents on Basic Plan	\$2,792.94	\$2,234.36	\$558.58
HEALTH NET PPO PLAN - BASIC PLAN A			
Employee on Basic Plan	\$2,967.02	\$2,373.62	\$593.40
Employee & 1	\$5,934.04	\$4,747.24	\$1,186.80
Employee & 2 or more dependents on Basic Plan	\$8,901.06	\$7,120.85	\$1,780.21

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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