

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 LAFCO MONTHLY SUBSIDY	2021 EMPLOYEE MONTHLY SHARE
CONTRA COSTA HEALTH PLAN - BASIC PLAN A			
Employee on Basic Plan	\$979.31	\$959.73	\$19.58
Employee & 1	\$1,958.59	\$1,919.42	\$39.17
Employee & 2 or more dependents on Basic Plan	\$2,937.92	\$2,879.17	\$58.75
CONTRA COSTA HEALTH PLAN - BASIC PLAN B			
Employee on Basic Plan	\$1,085.58	\$977.03	\$108.55
Employee & 1	\$2,171.16	\$1,954.05	\$217.11
Employee & 2 or more dependents on Basic Plan	\$3,256.75	\$2,931.08	\$325.67
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	\$1,416.83	\$1,550.19
Employee & 1	\$5,934.04	\$2,860.32	\$3,073.72
Employee & 2 or more dependents on Basic Plan	\$8,901.06	\$4,206.05	\$4,695.01

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DELTA DENTAL PREMIER - \$1,800 Annual Maximum				
For CCHP Plans	Employee	\$46.52	\$45.59	\$0.93
	Employee + 1	\$105.08	\$102.98	\$2.10
	Employee + 2 or more	\$105.08	\$102.98	\$2.10
For Health Net Plans	Employee	\$46.52	\$36.29	\$10.23
	Employee + 1	\$105.08	\$81.97	\$23.11
	Employee + 2 or more	\$105.08	\$81.97	\$23.11
For Kaiser Permanente Plans	Employee	\$46.52	\$36.29	\$10.23
	Employee + 1	\$105.08	\$81.96	\$23.12
	Employee + 2 or more	\$105.08	\$81.96	\$23.12
Without a Health Plan	Employee	\$46.52	\$46.51	\$0.01
	Employee + 1	\$105.08	\$105.07	\$0.01
	Employee + 2 or more	\$105.08	\$105.07	\$0.01
DELTA CARE (PMI)				
For CCHP Plans	Employee	\$25.35	\$24.85	\$0.50
	Employee + 1	\$54.78	\$53.69	\$1.09
	Employee + 2 or more	\$54.78	\$53.69	\$1.09
For Health Net Plans	Employee	\$25.35	\$19.78	\$5.57
	Employee + 1	\$54.78	\$42.73	\$12.05
	Employee + 2 or more	\$54.78	\$42.73	\$12.05
For Kaiser Permanente Plans	Employee	\$25.35	\$19.78	\$5.57
	Employee + 1	\$54.78	\$42.73	\$12.05
	Employee + 2 or more	\$54.78	\$42.73	\$12.05
Without a Health Plan	Employee	\$25.35	\$25.34	\$0.01
	Employee + 1	\$54.78	\$54.77	\$0.01
	Employee + 2 or more	\$54.78	\$54.77	\$0.01
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