

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

**EMPLOYEES REPRESENTED BY TEAMSTERS LOCAL 856**

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

<b>PLAN/COVERAGE DESCRIPTION</b>	<b>2021 TOTAL MONTHLY PREMIUM</b>	<b>2021 COUNTY MONTHLY SUBSIDY</b>	<b>2021 EMPLOYEE MONTHLY SHARE</b>
<b>CONTRA COSTA HEALTH PLAN - BASIC PLAN A</b>			
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
<b>CONTRA COSTA HEALTH PLAN - BASIC PLAN B</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
<b>KAISER PERMANENTE - BASIC PLAN A</b>			
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
<b>KAISER PERMANENTE - BASIC PLAN B</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
<b>KAISER PERMANENTE - HIGH DEDUCTIBLE PLAN</b>			
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
<b>TEAMSTERS 856 TRUST FUND KP HEALTH PLAN</b>			
Employee on Basic Plan	\$724.50	\$659.50	\$65.00
Employee & 1	\$1,487.83	\$1,362.83	\$125.00
Employee & 2 or more dependents on Basic Plan	\$2,132.70	\$1,957.70	\$175.00
<b>Health Net SmartCare HMO A</b>			
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
<b>Health Net SmartCare HMO B</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
<b>HEALTH NET PPO PLAN - BASIC PLAN A</b>			
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

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
<b>DELTA DENTAL PREMIER PPO - \$1,800 Annual Maximum</b>				
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
<b>DELTA CARE (HMO)</b>				
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
<b>VSP VOLUNTARY VISION PLAN</b>				
	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