

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

PERMANENT INTERMITTENT

| PLAN/COVERAGE DESCRIPTION | 2021 TOTAL MONTHLY PREMIUM | 2021 LIFE INSURANCE PREMIUM | 2021 EMPLOYEE MONTHLY SHARE |
|--|---|--|--|
| CONTRA COSTA HEALTH PLAN - BASIC PLAN A | | | |
| Employee on Basic Plan | \$979.31 | \$0.80 | \$980.11 |
| Employee & 1 | \$1,958.59 | \$0.80 | \$1,959.39 |
| Employee & 2 or more dependents on Basic Plan | \$2,937.92 | \$0.80 | \$2,938.72 |
| CONTRA COSTA HEALTH PLAN - BASIC PLAN B | | | |
| Employee on Basic Plan | \$1,085.58 | \$0.80 | \$1,086.38 |
| Employee & 1 | \$2,171.16 | \$0.80 | \$2,171.96 |
| Employee & 2 or more dependents on Basic Plan | \$3,256.75 | \$0.80 | \$3,257.55 |
| KAISER PERMANENTE - BASIC PLAN A | | | |
| Employee on Basic Plan | \$909.04 | \$0.80 | \$909.84 |
| Employee & 1 | \$1,818.08 | \$0.80 | \$1,818.88 |
| Employee & 2 or more dependents on Basic Plan | \$2,727.12 | \$0.80 | \$2,727.92 |
| KAISER PERMANENTE - BASIC PLAN B | | | |
| Employee on Basic Plan | \$722.50 | \$0.80 | \$723.30 |
| Employee & 1 | \$1,445.00 | \$0.80 | \$1,445.80 |
| Employee & 2 or more dependents on Basic Plan | \$2,167.50 | \$0.80 | \$2,168.30 |
| KAISER PERMANENTE - HIGH DEDUCTIBLE HEALTH PLAN | | | |
| Employee on Basic Plan | \$579.96 | \$0.80 | \$580.76 |
| Employee & 1 | \$1,159.92 | \$0.80 | \$1,160.72 |
| Employee & 2 or more dependents on Basic Plan | \$1,739.88 | \$0.80 | \$1,740.68 |
| Health Net SmartCare HMO A | | | |
| Employee on Basic Plan | \$1,305.65 | \$0.80 | \$1,306.45 |
| Employee & 1 | \$2,611.30 | \$0.80 | \$2,612.10 |
| Employee & 2 or more dependents on Basic Plan | \$3,916.95 | \$0.80 | \$3,917.75 |
| Health Net SmartCare HMO B | | | |
| Employee on Basic Plan | \$930.98 | \$0.80 | \$931.78 |
| Employee & 1 | \$1,861.96 | \$0.80 | \$1,862.76 |
| Employee & 2 or more dependents on Basic Plan | \$2,792.94 | \$0.80 | \$2,793.74 |
| HEALTH NET PPO PLAN - BASIC PLAN A | | | |
| Employee on PPO Basic Plan | \$2,967.02 | \$0.80 | \$2,967.82 |
| Employee & 1 | \$5,934.04 | \$0.80 | \$5,934.84 |
| Employee & 2 or more dependents on Basic Plan | \$8,901.06 | \$0.80 | \$8,901.86 |

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| PLAN/COVERAGE DESCRIPTION | | 2021 TOTAL MONTHLY PREMIUM | 2021 LIFE INSURANCE PREMIUM | 2021 EMPLOYEE MONTHLY SHARE |
|--|----------------------|---|--|--|
| DELTA DENTAL PREMIER - \$1,800 Annual Maximum | | | | |
| For CCHP Plans | Employee | \$46.52 | \$0.00 | \$46.52 |
| | Employee + 1 | \$105.08 | \$0.00 | \$105.08 |
| | Employee + 2 or more | \$105.08 | \$0.00 | \$105.08 |
| For Health Net Plans | Employee | \$46.52 | \$0.00 | \$46.52 |
| | Employee + 1 | \$105.08 | \$0.00 | \$105.08 |
| | Employee + 2 or more | \$105.08 | \$0.00 | \$105.08 |
| For Kaiser Permanente Plans | Employee | \$46.52 | \$0.00 | \$46.52 |
| | Employee + 1 | \$105.08 | \$0.00 | \$105.08 |
| | Employee + 2 or more | \$105.08 | \$0.00 | \$105.08 |
| Without a Health Plan | Employee | \$46.52 | \$0.80 | \$47.32 |
| | Employee + 1 | \$105.08 | \$0.80 | \$105.88 |
| | Employee + 2 or more | \$105.08 | \$0.80 | \$105.88 |
| DELTA CARE (PMI) | | | | |
| For CCHP Plans | Employee | \$25.35 | \$0.00 | \$25.35 |
| | Employee + 1 | \$54.78 | \$0.00 | \$54.78 |
| | Employee + 2 or more | \$54.78 | \$0.00 | \$54.78 |
| For Health Net Plans | Employee | \$25.35 | \$0.00 | \$25.35 |
| | Employee + 1 | \$54.78 | \$0.00 | \$54.78 |
| | Employee + 2 or more | \$54.78 | \$0.00 | \$54.78 |
| For Kaiser Permanente Plans | Employee | \$25.35 | \$0.00 | \$25.35 |
| | Employee + 1 | \$54.78 | \$0.00 | \$54.78 |
| | Employee + 2 or more | \$54.78 | \$0.00 | \$54.78 |
| Without a Health Plan | Employee | \$25.35 | \$0.80 | \$26.15 |
| | Employee + 1 | \$54.78 | \$0.80 | \$55.58 |
| | Employee + 2 or more | \$54.78 | \$0.80 | \$55.58 |