

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

PERMANENT INTERMITTENT

PLAN/COVERAGE DESCRIPTION	2021 TOTAL MONTHLY PREMIUM
CONTRA COSTA HEALTH PLAN - BASIC PLAN A	
Employee on Basic Plan	\$979.31
Employee & 1	\$1,958.59
Employee & 2 or more dependents on Basic Plan	\$2,937.92
CONTRA COSTA HEALTH PLAN - BASIC PLAN B	
Employee on Basic Plan	\$1,085.58
Employee & 1	\$2,171.16
Employee & 2 or more dependents on Basic Plan	\$3,256.75
KAISER PERMANENTE - BASIC PLAN A	
Employee on Basic Plan	\$909.04
Employee & 1	\$1,818.08
Employee & 2 or more dependents on Basic Plan	\$2,727.12
KAISER PERMANENTE - BASIC PLAN B	
Employee on Basic Plan	\$722.50
Employee & 1	\$1,445.00
Employee & 2 or more dependents on Basic Plan	\$2,167.50
KAISER PERMANENTE - HIGH DEDUCTIBLE HEALTH PLAN	
Employee on Basic Plan	\$579.96
Employee & 1	\$1,159.92
Employee & 2 or more dependents on Basic Plan	\$1,739.88
Health Net SmartCare HMO A	
Employee on Basic Plan	\$1,305.65
Employee & 1	\$2,611.30
Employee & 2 or more dependents on Basic Plan	\$3,916.95
Health Net SmartCare HMO B	
Employee on Basic Plan	\$930.98
Employee & 1	\$1,861.96
Employee & 2 or more dependents on Basic Plan	\$2,792.94
HEALTH NET PPO PLAN - BASIC PLAN A	
Employee on PPO Basic Plan	\$2,967.02
Employee & 1	\$5,934.04
Employee & 2 or more dependents on Basic Plan	\$8,901.06

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PLAN/COVERAGE DESCRIPTION		2021 TOTAL MONTHLY PREMIUM
DELTA DENTAL PREMIER - \$1,800 Annual Maximum		
For CCHP Plans	Employee	\$46.52
	Employee + 1	\$105.08
	Employee + 2 or more	\$105.08
For Health Net Plans	Employee	\$46.52
	Employee + 1	\$105.08
	Employee + 2 or more	\$105.08
For Kaiser Permanente Plans	Employee	\$46.52
	Employee + 1	\$105.08
	Employee + 2 or more	\$105.08
Without a Health Plan	Employee	\$46.52
	Employee + 1	\$105.08
	Employee + 2 or more	\$105.08
DELTA CARE (PMI)		
For CCHP Plans	Employee	\$25.35
	Employee + 1	\$54.78
	Employee + 2 or more	\$54.78
For Health Net Plans	Employee	\$25.35
	Employee + 1	\$54.78
	Employee + 2 or more	\$54.78
For Kaiser Permanente Plans	Employee	\$25.35
	Employee + 1	\$54.78
	Employee + 2 or more	\$54.78
Without a Health Plan	Employee	\$25.35
	Employee + 1	\$54.78
	Employee + 2 or more	\$54.78