

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

COBRA PARTICIPANTS

PLAN/COVERAGE DESCRIPTION	2021 TOTAL MONTHLY PREMIUM	MONTHLY ADMIN FEE	PARTICIPANT MONTHLY SHARE
CONTRA COSTA HEALTH PLAN - BASIC PLAN A			
Employee on Basic Plan	\$979.31	\$19.59	\$998.90
Employee & 1	\$1,958.59	\$39.17	\$1,997.76
Employee & 2 or more dependents on Basic Plan	\$2,937.92	\$58.76	\$2,996.68
CONTRA COSTA HEALTH PLAN - BASIC PLAN B			
Employee on Basic Plan	\$1,085.58	\$21.71	\$1,107.29
Employee & 1	\$2,171.16	\$43.42	\$2,214.58
Employee & 2 or more dependents on Basic Plan	\$3,256.75	\$65.14	\$3,321.89
KAISER PERMANENTE - BASIC PLAN A			
Employee on Basic Plan	\$909.04	\$18.18	\$927.22
Employee & 1	\$1,818.08	\$36.36	\$1,854.44
Employee & 2 or more dependents on Basic Plan	\$2,727.12	\$54.54	\$2,781.66
KAISER PERMANENTE - BASIC PLAN B			
Employee on Basic Plan	\$722.50	\$14.45	\$736.95
Employee & 1	\$1,445.00	\$28.90	\$1,473.90
Employee & 2 or more dependents on Basic Plan	\$2,167.50	\$43.35	\$2,210.85
KAISER PERMANENTE - HIGH DEDUCTIBLE PLAN			
Employee on Basic Plan	\$579.96	\$11.60	\$591.56
Employee & 1	\$1,159.92	\$23.20	\$1,183.12
Employee & 2 or more dependents on Basic Plan	\$1,739.88	\$34.80	\$1,774.68
Health Net SmartCare HMO A			
Employee on Basic Plan	\$1,305.65	\$26.11	\$1,331.76
Employee & 1	\$2,611.30	\$52.23	\$2,663.53
Employee & 2 or more dependents on Basic Plan	\$3,916.95	\$78.34	\$3,995.29
Health Net SmartCare HMO B			
Employee on Basic Plan	\$930.98	\$18.62	\$949.60
Employee & 1	\$1,861.96	\$37.24	\$1,899.20
Employee & 2 or more dependents on Basic Plan	\$2,792.94	\$55.86	\$2,848.80
HEALTH NET PPO PLAN - BASIC PLAN A			
Employee on PPO Basic Plan	\$2,967.02	\$59.34	\$3,026.36
Employee & 1	\$5,934.04	\$118.68	\$6,052.72
Employee & 2 or more dependents on Basic Plan	\$8,901.06	\$178.02	\$9,079.08

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PLAN/COVERAGE DESCRIPTION		2021 TOTAL MONTHLY PREMIUM	MONTHLY ADMIN FEE	PARTICIPANT MONTHLY SHARE
DELTA DENTAL PREMIER PPO - \$1,800 Annual Maximum				
For CCHP Plans	Employee	\$46.52	\$0.93	\$47.45
	Employee + 1	\$105.08	\$2.10	\$107.18
	Employee + 2 or more	\$105.08	\$2.10	\$107.18
For Health Net Plans	Employee	\$46.52	\$0.93	\$47.45
	Employee + 1	\$105.08	\$2.10	\$107.18
	Employee + 2 or more	\$105.08	\$2.10	\$107.18
For Kaiser Permanente Plans	Employee	\$46.52	\$0.93	\$47.45
	Employee + 1	\$105.08	\$2.10	\$107.18
	Employee + 2 or more	\$105.08	\$2.10	\$107.18
Without a Health Plan	Employee	\$46.52	\$0.93	\$47.45
	Employee + 1	\$105.08	\$2.10	\$107.18
	Employee + 2 or more	\$105.08	\$2.10	\$107.18
DELTA CARE (HMO)				
For CCHP Plans	Employee	\$25.35	\$0.51	\$25.86
	Employee + 1	\$54.78	\$1.10	\$55.88
	Employee + 2 or more	\$54.78	\$1.10	\$55.88
For Health Net Plans	Employee	\$25.35	\$0.51	\$25.86
	Employee + 1	\$54.78	\$1.10	\$55.88
	Employee + 2 or more	\$54.78	\$1.10	\$55.88
For Kaiser Permanente Plans	Employee	\$25.35	\$0.51	\$25.86
	Employee + 1	\$54.78	\$1.10	\$55.88
	Employee + 2 or more	\$54.78	\$1.10	\$55.88
Without a Health Plan	Employee	\$25.35	\$0.51	\$25.86
	Employee + 1	\$54.78	\$1.10	\$55.88
	Employee + 2 or more	\$54.78	\$1.10	\$55.88
VSP VOLUNTARY VISION PLAN				
	Employee	\$9.98	\$0.20	\$10.18
	Employee + 1	\$19.94	\$0.40	\$20.34
	Employee + 2 or more	\$32.12	\$0.64	\$32.76