

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

**PART TIME EMPLOYEES SCHEDULED TO WORK LESS THAN 20 HOURS PER WEEK**

<b>PLAN/COVERAGE DESCRIPTION</b>	<b>2021 TOTAL MONTHLY PREMIUM</b>	<b>2021 LIFE INSURANCE PREMIUM</b>	<b>2021 EMPLOYEE MONTHLY SHARE</b>
<b>CONTRA COSTA HEALTH PLAN - BASIC PLAN A</b>			
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
<b>CONTRA COSTA HEALTH PLAN - BASIC PLAN B</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
<b>KAISER PERMANENTE - BASIC PLAN A</b>			
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
<b>KAISER PERMANENTE - BASIC PLAN B</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
<b>KAISER PERMANENTE - HIGH DEDUCTIBLE PLAN</b>			
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
<b>Health Net SmartCare HMO A (new plan)</b>			
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
<b>Health Net SmartCare HMO B (new plan)</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
<b>HEALTH NET PPO PLAN - BASIC PLAN A</b>			
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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<b>CONTRA COSTA HEALTH PLAN - BASIC PLAN A</b>				
<b>DELTA DENTAL PREMIER - \$1,800 Annual Maximum</b>				
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
<b>DELTA CARE (PMI)</b>				
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