

**2022 CONTRA COSTA COUNTY
MONTHLY MEDICAL AND DENTAL PLAN PREMIUMS**

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

PLAN/COVERAGE DESCRIPTION	2022 TOTAL MONTHLY PREMIUM	2022 COUNTY MONTHLY SUBSIDY	2022 EMPLOYEE MONTHLY SHARE
CONTRA COSTA HEALTH PLAN - BASIC PLAN A			
Employee on Basic Plan	\$1,031.76	\$794.27	\$237.49
Employee & 1	\$2,063.48	\$1,588.53	\$474.95
Employee & 2 or more dependents on Basic Plan	\$3,095.26	\$2,382.80	\$712.46
CONTRA COSTA HEALTH PLAN - BASIC PLAN B			
Employee on Basic Plan	\$1,143.72	\$794.27	\$349.45
Employee & 1	\$2,287.43	\$1,588.53	\$698.90
Employee & 2 or more dependents on Basic Plan	\$3,431.16	\$2,382.80	\$1,048.36
KAISER PERMANENTE - BASIC PLAN A			
Employee on Basic Plan	\$909.04	\$794.27	\$114.77
Employee & 1	\$1,818.08	\$1,588.53	\$229.55
Employee & 2 or more dependents on Basic Plan	\$2,727.12	\$2,382.80	\$344.32
KAISER PERMANENTE - BASIC PLAN 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
KAISER PERMANENTE - HIGH DEDUCTIBLE PLAN			
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
Health Net SmartCare HMO A			
Employee on Basic Plan	\$1,392.39	\$794.27	\$598.12
Employee & 1	\$2,784.78	\$1,588.53	\$1,196.25
Employee & 2 or more dependents on Basic Plan	\$4,177.17	\$2,382.80	\$1,794.37
Health Net SmartCare HMO B			
Employee on Basic Plan	\$992.83	\$794.27	\$198.56
Employee & 1	\$1,985.66	\$1,588.53	\$397.13
Employee & 2 or more dependents on Basic Plan	\$2,978.49	\$2,382.80	\$595.69
HEALTH NET PPO PLAN - BASIC PLAN A			
Employee on PPO Basic Plan	\$3,234.05	\$794.27	\$2,439.78
Employee & 1	\$6,468.10	\$1,588.53	\$4,879.57
Employee & 2 or more dependents on Basic Plan	\$9,702.15	\$2,382.80	\$7,319.35

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PLAN/COVERAGE DESCRIPTION	2022 TOTAL MONTHLY PREMIUM	2022 COUNTY MONTHLY SUBSIDY	2022 EMPLOYEE MONTHLY SHARE
DELTA DENTAL PREMIER PPO - \$1,800 Annual Maximum			
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
DELTA CARE (HMO)			
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
VSP VOLUNTARY VISION PLAN			
Employee	\$9.00	\$0.00	\$9.00
Employee + 1	\$17.99	\$0.00	\$17.99
Employee + 2 or more	\$28.98	\$0.00	\$28.98