

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

**PERMANENT INTERMITTENT**

<b>PLAN/COVERAGE DESCRIPTION</b>	<b>2022 TOTAL MONTHLY PREMIUM</b>	<b>2022 LIFE INSURANCE PREMIUM</b>	<b>2022 EMPLOYEE MONTHLY SHARE</b>
<b>CONTRA COSTA HEALTH PLAN - BASIC PLAN A</b>			
Employee on Basic Plan	\$1,031.76	\$0.80	\$1,032.56
Employee & 1	\$2,063.48	\$0.80	\$2,064.28
Employee & 2 or more dependents on Basic Plan	\$3,095.26	\$0.80	\$3,096.06
<b>CONTRA COSTA HEALTH PLAN - BASIC PLAN B</b>			
Employee on Basic Plan	\$1,143.72	\$0.80	\$1,144.52
Employee & 1	\$2,287.43	\$0.80	\$2,288.23
Employee & 2 or more dependents on Basic Plan	\$3,431.16	\$0.80	\$3,431.96
<b>CONTRA COSTA HEALTH PLAN A2</b>			
Employee on Basic Plan	\$850.08	\$255.54	\$594.54
Employee & 1	\$1,901.60	\$255.54	\$1,646.06
Employee & 2 or more dependents on Basic Plan	\$1,901.60	\$255.54	\$1,646.06
<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 HEALTH 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</b>			
Employee on Basic Plan	\$1,392.39	\$0.80	\$1,393.19
Employee & 1	\$2,784.78	\$0.80	\$2,785.58
Employee & 2 or more dependents on Basic Plan	\$4,177.17	\$0.80	\$4,177.97
<b>Health Net SmartCare HMO B</b>			
Employee on Basic Plan	\$992.83	\$0.80	\$993.63
Employee & 1	\$1,985.66	\$0.80	\$1,986.46
Employee & 2 or more dependents on Basic Plan	\$2,978.49	\$0.80	\$2,979.29
<b>HEALTH NET PPO PLAN - BASIC PLAN A</b>			
Employee on PPO Basic Plan	\$3,234.05	\$0.80	\$3,234.85
Employee & 1	\$6,468.10	\$0.80	\$6,468.90
Employee & 2 or more dependents on Basic Plan	\$9,702.15	\$0.80	\$9,702.95

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<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