

COBRA PARTICIPANTS

PLAN/COVERAGE DESCRIPTION	2022 TOTAL MONTHLY PREMIUM	MONTHLY ADMIN FEE	PARTICIPANT MONTHLY SHARE	
<b>CONTRA COSTA HEALTH PLAN - BASIC PLAN A</b>				
Employee on Basic Plan	\$1,113.39	\$22.27	\$1,135.66	
Employee & 1 or more dependents on Basic Plan	\$2,652.68	\$53.05	\$2,705.73	
<b>CONTRA COSTA HEALTH PLAN - BASIC PLAN B</b>				
Employee on Basic Plan	\$1,234.20	\$24.68	\$1,258.88	
Employee & 1 or more dependents on Basic Plan	\$2,932.65	\$58.65	\$2,991.30	
<b>KAISER PERMANENTE - BASIC PLAN A</b>				
Employee on Basic Plan	\$993.36	\$19.87	\$1,013.23	
Employee & 1 or more dependents on Basic Plan	\$2,314.54	\$46.29	\$2,360.83	
<b>KAISER PERMANENTE - BASIC PLAN B</b>				
Employee on Basic Plan	\$809.92	\$16.20	\$826.12	
Employee & 1 or more dependents on Basic Plan	\$1,887.12	\$37.74	\$1,924.86	
<b>HEALTH NET HMO PLAN - BASIC PLAN A</b>				
Employee on Basic Plan	\$1,985.33	\$39.71	\$2,025.04	
Employee & 1 or more dependents on Basic Plan	\$4,864.06	\$97.28	\$4,961.34	
<b>HEALTH NET HMO PLAN - BASIC PLAN B</b>				
Employee on Basic Plan	\$1,380.56	\$27.61	\$1,408.17	
Employee & 1 or more dependents on Basic Plan	\$3,382.37	\$67.65	\$3,450.02	
<b>HEALTH NET PPO PLAN - BASIC PLAN A</b>				
Employee on PPO Basic Plan	\$3,344.48	\$66.89	\$3,411.37	
Employee & 1 or more dependents on PPO Basic Plan	\$7,959.86	\$159.20	\$8,119.06	
<b>DELTA DENTAL PREMIER PPO - \$1,800 Annual Maximum</b>				
For CCHP Plans	Employee	\$46.52	\$0.93	\$47.45
	Family	\$105.08	\$2.10	\$107.18
For Health Net Plans	Employee	\$46.52	\$0.93	\$47.45
	Family	\$105.08	\$2.10	\$107.18
For Kaiser Permanente Plans	Employee	\$46.52	\$0.93	\$47.45
	Family	\$105.08	\$2.10	\$107.18
Without a Health Plan	Employee	\$46.52	\$0.93	\$47.45
	Family	\$105.08	\$2.10	\$107.18
<b>DELTA CARE (HMO)</b>				
For CCHP Plans	Employee	\$25.35	\$0.51	\$25.86
	Family	\$54.78	\$1.10	\$55.88
For Health Net Plans	Employee	\$25.35	\$0.51	\$25.86
	Family	\$54.78	\$1.10	\$55.88
For Kaiser Permanente Plans	Employee	\$25.35	\$0.51	\$25.86
	Family	\$54.78	\$1.10	\$55.88
Without a Health Plan	Employee	\$25.35	\$0.51	\$25.86
	Family	\$54.78	\$1.10	\$55.88