2013 MONTHLY MEDICAL AND DENTAL PLAN PREMIUMS
UNREPRESENTED EMPLOYEES OF ECCFPD

86 PERMANENT FULL TIME EMPLOYEES AND PART TIME EMPLOYEES WORKING AT LEAST 20 HOURS PER WEEK DISTRICT CONTRIBUTION FIXED AS OF MAY 2011.				
PLAN/COVERAGE DESCRIPTION		TOTAL MONTHLY PREMIUM	DISTRICT MONTHLY SHARE	EMPLOYEE MONTHLY SHARE
CONTRA COSTA HEALTH PLAN - BASIC PLAN A				
Employee on Basic Plan		$603.71	$509.92	$93.79
Employee & 1 or more dependents on Basic Plan		$1,438.38	$1,214.90	$223.48
CONTRA COSTA HEALTH PLAN - BASIC PLAN B				
Employee on Basic Plan		$669.23	$528.50	$140.73
Employee & 1 or more dependents on Basic Plan		$1,590.21	$1,255.79	$334.42
KAISER PERMANENTE - BASIC PLAN A				
Employee on Basic Plan		$739.33	$478.91	$260.42
Employee & 1 or more dependents on Basic Plan		$1,722.63	$1,115.84	$606.79
KAISER PERMANENTE - BASIC PLAN B				
Employee on Basic Plan		$650.39	$478.91	$171.48
Employee & 1 or more dependents on Basic Plan		$1,514.44	$1,115.84	$398.60
HEALTH NET HMO PLAN - BASIC PLAN A				
Employee on Basic Plan		$953.04	$627.79	$325.25
Employee & 1 or more dependents on Basic Plan		$2,337.88	$1,540.02	$797.86
HEALTH NET HMO PLAN - BASIC PLAN B				
Employee on Basic Plan		$803.88	$627.79	$176.09
Employee & 1 or more dependents on Basic Plan		$1,971.98	$1,540.02	$431.96
HEALTH NET CA & NAT'L PPO PLAN - BASIC PLAN A				
Employee on PPO Basic Plan		$1,219.35	$604.60	$614.75
Employee & 1 or more dependents on PPO Basic Plan		$2,896.67	$1,436.25	$1,460.42
HEALTH NET CA & NAT'L PPO PLAN - BASIC PLAN B				
Employee on PPO Basic Plan		$1,107.41	$604.60	$502.81
Employee & 1 or more dependents on PPO Basic Plan		$2,630.73	$1,436.25	$1,194.48
DELTA DENTAL - $1,800 Annual Maximum				
For CCHP Plans A & B	Employee	$44.27	$41.17	$3.10
	Family	$100.00	$93.00	$7.00
For Health Net Plans A&B	Employee	$44.27	$34.02	$10.25
	Family	$100.00	$76.77	$23.23
For Kaiser Permanente Plans A & B	Employee	$44.27	$34.02	$10.25
	Family	$100.00	$76.77	$23.23
Without a Health Plan	Employee	$44.27	$43.35	$0.92
	Family	$100.00	$97.81	$2.19
DELTA CARE (PMI)				
For CCHP Plans A & B	Employee	$28.77	$25.41	$3.36
	Family	$62.18	$54.91	$7.27
For Health Net Plans A&B	Employee	$28.77	$21.31	$7.46
	Family	$62.18	$46.05	$16.13
For Kaiser Permanente Plans A & B	Employee	$28.77	$21.31	$7.46
	Family	$62.18	$46.05	$16.13
Without a Health Plan	Employee	$28.77	$27.31	$1.46
	Family	$62.18	$59.03	$3.15