2013 CONTRA COSTA COUNTY MONTHLY MEDICAL AND DENTAL PREMIUMS
PUBLIC DEFENDERS' ASSOCIATION

BARGAINING UNITS JD & JF
PERMANENT FULL TIME EMPLOYEES AND PART TIME EMPLOYEES WORKING AT LEAST 20 HOURS PER WEEK
COUNTY CONTRIBUTION FIXED AS OF MAY 2011. COUNTY BOARD RESOLUTION 2011/65

PLAN/COVERAGE DESCRIPTION	TOTAL MONTHLY PREMIUM	COUNTY 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