2013 CONTRA COSTA COUNTY MONTHLY MEDICAL AND DENTAL PREMIUMS
EMPLOYEES REPRESENTED BY DEPUTY DISTRICT ATTORNEYS' ASSOCIATION

BARGAINING UNIT: MA

PERMANENT INTERMITTENT EMPLOYEES, PROVISIONAL EMPLOYEES AND PART TIME EMPLOYEES WORKING LESS THAN 20 HOURS PER WEEK

PLAN/COVERAGE DESCRIPTION		TOTAL MONTHLY PREMIUM	LIFE INSURANCE PREMIUM	EMPLOYEE MONTHLY SHARE
CONTRA COSTA HEALTH PLAN - BASIC PLAN A				
Employee on Basic Plan		$603.71	$1.25	$604.96
Employee & 1 or more dependents on Basic Plan		$1,438.38	$1.25	$1,439.63
CONTRA COSTA HEALTH PLAN - BASIC PLAN B				
Employee on Basic Plan		$669.23	$1.25	$670.48
Employee & 1 or more dependents on Basic Plan		$1,590.21	$1.25	$1,591.46
KAISER PERMANENTE - BASIC PLAN A				
Employee on Basic Plan		$739.33	$1.25	$740.58
Employee & 1 or more dependents on Basic Plan		$1,722.63	$1.25	$1,723.88
KAISER PERMANENTE - BASIC PLAN B				
Employee on Basic Plan		$650.39	$1.25	$651.64
Employee & 1 or more dependents on Basic Plan		$1,514.44	$1.25	$1,515.69
HEALTH NET HMO PLAN - BASIC PLAN A				
Employee on Basic Plan		$953.04	$1.25	$954.29
Employee & 1 or more dependents on Basic Plan		$2,337.88	$1.25	$2,339.13
HEALTH NET HMO PLAN - BASIC PLAN B				
Employee on Basic Plan		$803.88	$1.25	$805.13
Employee & 1 or more dependents on Basic Plan		$1,971.98	$1.25	$1,973.23
HEALTH NET CA & NAT'L PPO PLAN - BASIC PLAN A				
Employee on PPO Basic Plan		$1,219.35	$1.25	$1,220.60
Employee & 1 or more dependents on PPO Basic Plan		$2,896.67	$1.25	$2,897.92
HEALTH NET CA & NAT'L PPO PLAN - BASIC PLAN B				
Employee on PPO Basic Plan		$1,107.41	$1.25	$1,108.66
Employee & 1 or more dependents on PPO Basic Plan		$2,630.73	$1.25	$2,631.98
DELTA DENTAL - $1,800 ANNUAL MAXIMUM				
For CCHP Plans A & B	Employee	$44.27	$0.00	$44.27
	Family	$100.00	$0.00	$100.00
For Health Net Plans A&B	Employee	$44.27	$0.00	$44.27
	Family	$100.00	$0.00	$100.00
For Kaiser Permanente Plans A & B	Employee	$44.27	$0.00	$44.27
	Family	$100.00	$0.00	$100.00
Without a Health Plan	Employee	$44.27	$1.25	$45.52
	Family	$100.00	$1.25	$101.25
DELTA CARE (PMI)				
For CCHP Plans A & B	Employee	$28.77	$0.00	$28.77
	Family	$62.18	$0.00	$62.18
For Health Net Plans A&B	Employee	$28.77	$0.00	$28.77
	Family	$62.18	$0.00	$62.18
For Kaiser Permanente Plans A & B	Employee	$28.77	$0.00	$28.77
	Family	$62.18	$0.00	$62.18
Without a Health Plan	Employee	$28.77	$1.25	$30.02
	Family	$62.18	$1.25	$63.43