2013 CONTRA COSTA COUNTY MONTHLY MEDICAL AND DENTAL PREMIUMS
UNREPRESENTED EMPLOYEES AND ELECTED OFFICIALS

AS, A8, BD, BT, B8, CC, CH, CL, C8, DC, DH, DL, DP, D8, FH, FK, FT, FX AND F8

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