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 COBRA PARTICIPANTS				
PLAN/COVERAGE DESCRIPTION		TOTAL MONTHLY PREMIUM	MONTHLY ADMIN FEE	EMPLOYEE MONTHLY SHARE
CONTRA COSTA HEALTH PLAN - BASIC PLAN A				
Employee on Basic Plan		$603.71	$12.07	$615.78
Employee & 1 or more dependents on Basic Plan		$1,438.38	$28.77	$1,467.15
CONTRA COSTA HEALTH PLAN - BASIC PLAN B				
Employee on Basic Plan		$669.23	$13.38	$682.61
Employee & 1 or more dependents on Basic Plan		$1,590.21	$31.80	$1,622.01
KAISER PERMANENTE - BASIC PLAN A				
Employee on Basic Plan		$739.33	$14.79	$754.12
Employee & 1 or more dependents on Basic Plan		$1,722.63	$34.45	$1,757.08
KAISER PERMANENTE - BASIC PLAN B				
Employee on Basic Plan		$650.39	$13.01	$663.40
Employee & 1 or more dependents on Basic Plan		$1,514.44	$30.29	$1,544.73
HEALTH NET HMO PLAN - BASIC PLAN A				
Employee on Basic Plan		$953.04	$19.06	$972.10
Employee & 1 or more dependents on Basic Plan		$2,337.88	$46.76	$2,384.64
HEALTH NET HMO PLAN - BASIC PLAN B				
Employee on Basic Plan		$803.88	$16.08	$819.96
Employee & 1 or more dependents on Basic Plan		$1,971.98	$39.44	$2,011.42
HEALTH NET CA & NAT'L PPO PLAN - BASIC PLAN A				
Employee on PPO Basic Plan		$1,219.35	$24.39	$1,243.74
Employee & 1 or more dependents on PPO Basic Plan		$2,896.67	$57.93	$2,954.60
HEALTH NET CA & NAT'L PPO PLAN - BASIC PLAN B				
Employee on PPO Basic Plan		$1,107.41	$22.15	$1,129.56
Employee & 1 or more dependents on PPO Basic Plan		$2,630.73	$52.61	$2,683.34

DELTA DENTAL - $1,800 Annual Maximum				
For CCHP Plans A & B	Employee	$44.27	$0.89	$45.16
	Family	$100.00	$2.00	$102.00
For Health Net Plans A&B	Employee	$44.27	$0.89	$45.16
	Family	$100.00	$2.00	$102.00
For Kaiser Permanente Plans A & B	Employee	$44.27	$0.89	$45.16
	Family	$100.00	$2.00	$102.00
Without a Health Plan	Employee	$44.27	$0.89	$45.16
	Family	$100.00	$2.00	$102.00
DELTA CARE (PMI)				
For CCHP Plans A & B	Employee	$28.77	$0.58	$29.35
	Family	$62.18	$1.24	$63.42
For Health Net Plans A&B	Employee	$28.77	$0.58	$29.35
	Family	$62.18	$1.24	$63.42
For Kaiser Permanente Plans A & B	Employee	$28.77	$0.58	$29.35
	Family	$62.18	$1.24	$63.42
Without a Health Plan	Employee	$28.77	$0.58	$29.35
	Family	$62.18	$1.24	$63.42