2013 MONTHLY MEDICAL AND DENTAL PLAN PREMIUMS
UNREPRESENTED EMPLOYEES OF ECCFPD

86 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