2013 MONTHLY MEDICAL AND DENTAL PLAN PREMIUMS
EMPLOYEES OF LAFCO

8L 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				
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
HEALTH NET HMO PLAN - BASIC PLAN				
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 CA & NAT'L PPO PLAN - BASIC PLAN				
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
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	Employee	$44.27	$0.89	$45.16
	Family	$100.00	$2.00	$102.00
For Kaiser Permanente Plan	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 Plan	Employee	$28.77	$0.58	$29.35
	Family	$62.18	$1.24	$63.42
For Kaiser Permanente Plan	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