

PERMANENT FULL TIME EMPLOYEES AND PART TIME EMPLOYEES SCHEDULED TO WORK AT LEAST 16 HOURS PER WEEK

PLAN/COVERAGE DESCRIPTION	2018 TOTAL MONTHLY PREMIUM	2018 COUNTY MONTHLY SUBSIDY	2018 EMPLOYEE MONTHLY SHARE	
<b>CONTRA COSTA HEALTH PLAN - BASIC PLAN A</b>				
Employee on Basic Plan	\$803.79	\$787.72	\$16.07	
Employee & 1 or more dependents on Basic Plan	\$1,915.06	\$1,876.76	\$38.30	
<b>CONTRA COSTA HEALTH PLAN - BASIC PLAN B</b>				
Employee on Basic Plan	\$891.01	\$873.19	\$17.82	
Employee & 1 or more dependents on Basic Plan	\$2,117.18	\$2,074.84	\$42.34	
<b>KAISER PERMANENTE - BASIC PLAN A</b>				
Employee on Basic Plan	\$856.59	\$685.28	\$171.31	
Employee & 1 or more dependents on Basic Plan	\$1,996.96	\$1,597.57	\$399.39	
<b>KAISER PERMANENTE - BASIC PLAN B</b>				
Employee on Basic Plan	\$698.46	\$558.77	\$139.69	
Employee & 1 or more dependents on Basic Plan	\$1,627.40	\$1,301.92	\$325.48	
<b>HEALTH NET HMO PLAN - BASIC PLAN A</b>				
Employee on Basic Plan	\$1,619.72	\$1,295.78	\$323.94	
Employee & 1 or more dependents on Basic Plan	\$3,968.31	\$3,174.65	\$793.66	
<b>HEALTH NET HMO PLAN - BASIC PLAN B</b>				
Employee on Basic Plan	\$1,126.32	\$901.06	\$225.26	
Employee & 1 or more dependents on Basic Plan	\$2,759.48	\$2,207.59	\$551.89	
<b>HEALTH NET PPO PLAN - BASIC PLAN A</b>				
Employee on PPO Basic Plan	\$2,109.35	\$1,125.78	\$983.57	
Employee & 1 or more dependents on PPO Basic Plan	\$5,020.25	\$2,678.99	\$2,341.26	
<b>DELTA DENTAL PREMIER PPO - \$1,800 Annual Maximum</b>				
For CCHP Plans	Employee	\$45.16	\$44.26	\$0.90
	Family	\$102.00	\$99.96	\$2.04
For Health Net Plans	Employee	\$45.16	\$35.23	\$9.93
	Family	\$102.00	\$79.56	\$22.44
For Kaiser Permanente Plans	Employee	\$45.16	\$35.23	\$9.93
	Family	\$102.00	\$79.56	\$22.44
Without a Health Plan	Employee	\$45.16	\$45.15	\$0.01
	Family	\$102.00	\$101.99	\$0.01
<b>DELTA CARE (HMO)</b>				
For CCHP Plans	Employee	\$29.06	\$28.48	\$0.58
	Family	\$62.81	\$61.55	\$1.26
For Health Net Plans	Employee	\$29.06	\$22.67	\$6.39
	Family	\$62.81	\$48.99	\$13.82
For Kaiser Permanente Plans	Employee	\$29.06	\$22.67	\$6.39
	Family	\$62.81	\$48.99	\$13.82
Without a Health Plan	Employee	\$29.06	\$29.05	\$0.01
	Family	\$62.81	\$62.80	\$0.01