

**2018 CONTRA COSTA COUNTY
MONTHLY MEDICAL AND DENTAL PLAN PREMIUMS**

EMPLOYEES REPRESENTED BY PEU LOCAL 1

PERMANENT FULL TIME EMPLOYEES AND PART TIME EMPLOYEES SCHEDULED TO WORK AT LEAST 20 HOURS PER WEEK

PLAN/COVERAGE DESCRIPTION	2018 TOTAL MONTHLY PREMIUM	2018 COUNTY MONTHLY SUBSIDY	2018 EMPLOYEE MONTHLY SHARE
CONTRA COSTA HEALTH PLAN - BASIC PLAN A			
Employee on Basic Plan	\$744.86	\$574.45	\$170.41
Employee & 1	\$1,489.70	\$1,137.59	\$352.11
Employee & 2 or more dependents on Basic Plan	\$2,234.57	\$1,778.56	\$456.01
CONTRA COSTA HEALTH PLAN - BASIC PLAN B			
Employee on Basic Plan	\$825.69	\$598.08	\$227.61
Employee & 1	\$1,651.38	\$1,165.96	\$485.42
Employee & 2 or more dependents on Basic Plan	\$2,477.07	\$1,882.99	\$594.08
KAISER PERMANENTE - BASIC PLAN A			
Employee on Basic Plan	\$783.86	\$452.41	\$331.45
Employee & 1	\$1,567.71	\$838.02	\$729.69
Employee & 2 or more dependents on Basic Plan	\$2,351.57	\$1,544.88	\$806.69
KAISER PERMANENTE - BASIC PLAN B			
Employee on Basic Plan	\$623.05	\$524.42	\$98.63
Employee & 1	\$1,246.09	\$1,053.82	\$192.27
Employee & 2 or more dependents on Basic Plan	\$1,869.14	\$1,593.23	\$275.91
KAISER PERMANENTE - HIGH DEDUCTIBLE PLAN			
Employee on Basic Plan	\$499.94	\$461.96	\$37.98
Employee & 1	\$999.88	\$946.56	\$53.32
Employee & 2 or more dependents on Basic Plan	\$1,499.82	\$1,432.15	\$67.67
HEALTH NET HMO PLAN - BASIC PLAN A			
Employee on Basic Plan	\$1,512.68	\$821.30	\$691.38
Employee & 1	\$3,025.36	\$1,435.26	\$1,590.10
Employee & 2 or more dependents on Basic Plan	\$4,538.04	\$2,735.98	\$1,802.06
HEALTH NET HMO PLAN - BASIC PLAN B			
Employee on Basic Plan	\$1,051.89	\$767.68	\$284.21
Employee & 1	\$2,103.78	\$1,491.54	\$612.24
Employee & 2 or more dependents on Basic Plan	\$3,155.67	\$2,377.76	\$777.91
HEALTH NET PPO PLAN - BASIC PLAN A			
Employee on PPO Basic Plan	\$2,039.71	\$926.10	\$1,113.61
Employee & 1	\$4,079.42	\$1,508.34	\$2,571.08
Employee & 2 or more dependents on Basic Plan	\$6,119.13	\$3,349.90	\$2,769.23

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PLAN/COVERAGE DESCRIPTION		2018 TOTAL MONTHLY PREMIUM	2018 COUNTY MONTHLY SUBSIDY	2018 EMPLOYEE MONTHLY SHARE
DELTA DENTAL PREMIER PPO - \$1,800 Annual Maximum				
For CCHP Plans	Employee	\$45.16	\$41.17	\$3.99
	Employee + 1	\$102.00	\$93.00	\$9.00
	Employee + 2 or more	\$102.00	\$93.00	\$9.00
For Health Net Plans	Employee	\$45.16	\$34.02	\$11.14
	Employee + 1	\$102.00	\$76.77	\$25.23
	Employee + 2 or more	\$102.00	\$76.77	\$25.23
For Kaiser Permanente Plans	Employee	\$45.16	\$34.02	\$11.14
	Employee + 1	\$102.00	\$76.77	\$25.23
	Employee + 2 or more	\$102.00	\$76.77	\$25.23
Without a Health Plan	Employee	\$45.16	\$43.35	\$1.81
	Employee + 1	\$102.00	\$97.81	\$4.19
	Employee + 2 or more	\$102.00	\$97.81	\$4.19
DELTA CARE (HMO)				
For CCHP Plans	Employee	\$29.06	\$25.41	\$3.65
	Employee + 1	\$62.81	\$54.91	\$7.90
	Employee + 2 or more	\$62.81	\$54.91	\$7.90
For Health Net Plans	Employee	\$29.06	\$21.31	\$7.75
	Employee + 1	\$62.81	\$46.05	\$16.76
	Employee + 2 or more	\$62.81	\$46.05	\$16.76
For Kaiser Permanente Plans	Employee	\$29.06	\$21.31	\$7.75
	Employee + 1	\$62.81	\$46.05	\$16.76
	Employee + 2 or more	\$62.81	\$46.05	\$16.76
Without a Health Plan	Employee	\$29.06	\$27.31	\$1.75
	Employee + 1	\$62.81	\$59.03	\$3.78
	Employee + 2 or more	\$62.81	\$59.03	\$3.78
VSP VOLUNTARY VISION PLAN				
	Employee	\$10.08	\$0.00	\$10.08
	Employee + 1	\$20.14	\$0.00	\$20.14
	Employee + 2 or more	\$32.44	\$0.00	\$32.44