

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

COBRA PARTICIPANTS

PLAN/COVERAGE DESCRIPTION	2018 TOTAL MONTHLY PREMIUM	MONTHLY ADMIN FEE	PARTICIPANT MONTHLY SHARE
CONTRA COSTA HEALTH PLAN - BASIC PLAN A			
Employee on Basic Plan	\$744.86	\$14.90	\$759.76
Employee & 1	\$1,489.70	\$29.79	\$1,519.49
Employee & 2 or more dependents on Basic Plan	\$2,234.57	\$44.69	\$2,279.26
CONTRA COSTA HEALTH PLAN - BASIC PLAN B			
Employee on Basic Plan	\$825.69	\$16.51	\$842.20
Employee & 1	\$1,651.38	\$33.03	\$1,684.41
Employee & 2 or more dependents on Basic Plan	\$2,477.07	\$49.54	\$2,526.61
KAISER PERMANENTE - BASIC PLAN A			
Employee on Basic Plan	\$783.86	\$15.68	\$799.54
Employee & 1	\$1,567.71	\$31.35	\$1,599.06
Employee & 2 or more dependents on Basic Plan	\$2,351.57	\$47.03	\$2,398.60
KAISER PERMANENTE - BASIC PLAN B			
Employee on Basic Plan	\$623.05	\$12.46	\$635.51
Employee & 1	\$1,246.09	\$24.92	\$1,271.01
Employee & 2 or more dependents on Basic Plan	\$1,869.14	\$37.38	\$1,906.52
KAISER PERMANENTE - HIGH DEDUCTIBLE PLAN			
Employee on Basic Plan	\$499.94	\$10.00	\$509.94
Employee & 1	\$999.88	\$20.00	\$1,019.88
Employee & 2 or more dependents on Basic Plan	\$1,499.82	\$30.00	\$1,529.82
HEALTH NET HMO PLAN - BASIC PLAN A			
Employee on Basic Plan	\$1,512.68	\$30.25	\$1,542.93
Employee & 1	\$3,025.36	\$60.51	\$3,085.87
Employee & 2 or more dependents on Basic Plan	\$4,538.04	\$90.76	\$4,628.80
HEALTH NET HMO PLAN - BASIC PLAN B			
Employee on Basic Plan	\$1,051.89	\$21.04	\$1,072.93
Employee & 1	\$2,103.78	\$42.08	\$2,145.86
Employee & 2 or more dependents on Basic Plan	\$3,155.67	\$63.11	\$3,218.78
HEALTH NET PPO PLAN - BASIC PLAN A			
Employee on PPO Basic Plan	\$2,039.71	\$40.79	\$2,080.50
Employee & 1	\$4,079.42	\$81.59	\$4,161.01
Employee & 2 or more dependents on Basic Plan	\$6,119.13	\$122.38	\$6,241.51

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DELTA DENTAL PREMIER PPO - \$1,800 Annual Maximum				
For CCHP Plans	Employee	\$45.16	\$0.90	\$46.06
	Employee + 1	\$102.00	\$2.04	\$104.04
	Employee + 2 or more	\$102.00	\$2.04	\$104.04
For Health Net Plans	Employee	\$45.16	\$0.90	\$46.06
	Employee + 1	\$102.00	\$2.04	\$104.04
	Employee + 2 or more	\$102.00	\$2.04	\$104.04
For Kaiser Permanente Plans	Employee	\$45.16	\$0.90	\$46.06
	Employee + 1	\$102.00	\$2.04	\$104.04
	Employee + 2 or more	\$102.00	\$2.04	\$104.04
Without a Health Plan	Employee	\$45.16	\$0.90	\$46.06
	Employee + 1	\$102.00	\$2.04	\$104.04
	Employee + 2 or more	\$102.00	\$2.04	\$104.04
DELTA CARE (HMO)				
For CCHP Plans	Employee	\$29.06	\$0.58	\$29.64
	Employee + 1	\$62.81	\$1.26	\$64.07
	Employee + 2 or more	\$62.81	\$1.26	\$64.07
For Health Net Plans	Employee	\$29.06	\$0.58	\$29.64
	Employee + 1	\$62.81	\$1.26	\$64.07
	Employee + 2 or more	\$62.81	\$1.26	\$64.07
For Kaiser Permanente Plans	Employee	\$29.06	\$0.58	\$29.64
	Employee + 1	\$62.81	\$1.26	\$64.07
	Employee + 2 or more	\$62.81	\$1.26	\$64.07
Without a Health Plan	Employee	\$29.06	\$0.58	\$29.64
	Employee + 1	\$62.81	\$1.26	\$64.07
	Employee + 2 or more	\$62.81	\$1.26	\$64.07
VSP VOLUNTARY VISION PLAN				
	Employee	\$10.08	\$0.20	\$10.28
	Employee + 1	\$20.14	\$0.40	\$20.54
	Employee + 2 or more	\$32.44	\$0.65	\$33.09