

**2019 CONTRA COSTA COUNTY
MONTHLY MEDICAL AND DENTAL PLAN PREMIUMS**

PERMANENT INTERMITTENT

PLAN/COVERAGE DESCRIPTION	2019 TOTAL MONTHLY PREMIUM
CONTRA COSTA HEALTH PLAN - BASIC PLAN A	
Employee on Basic Plan	\$812.06
Employee & 1	\$1,624.10
Employee & 2 or more dependents on Basic Plan	\$2,436.18
CONTRA COSTA HEALTH PLAN - BASIC PLAN B	
Employee on Basic Plan	\$900.19
Employee & 1	\$1,800.37
Employee & 2 or more dependents on Basic Plan	\$2,700.56
KAISER PERMANENTE - BASIC PLAN A	
Employee on Basic Plan	\$877.30
Employee & 1	\$1,754.60
Employee & 2 or more dependents on Basic Plan	\$2,631.90
KAISER PERMANENTE - BASIC PLAN B	
Employee on Basic Plan	\$697.28
Employee & 1	\$1,394.56
Employee & 2 or more dependents on Basic Plan	\$2,091.84
KAISER PERMANENTE - HIGH DEDUCTIBLE HEALTH PLAN	
Employee on Basic Plan	\$559.68
Employee & 1	\$1,119.36
Employee & 2 or more dependents on Basic Plan	\$1,679.04
HEALTH NET HMO PLAN - BASIC PLAN A	
Employee on Basic Plan	\$1,677.56
Employee & 1	\$3,355.12
Employee & 2 or more dependents on Basic Plan	\$5,032.68
HEALTH NET HMO PLAN - BASIC PLAN B	
Employee on Basic Plan	\$1,166.55
Employee & 1	\$2,333.10
Employee & 2 or more dependents on Basic Plan	\$3,499.65
HEALTH NET PPO PLAN - BASIC PLAN A	
Employee on PPO Basic Plan	\$2,340.40
Employee & 1	\$4,680.80
Employee & 2 or more dependents on Basic Plan	\$7,021.20

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PERMANENT INTERMITTENT

PLAN/COVERAGE DESCRIPTION		2019 TOTAL MONTHLY PREMIUM
DELTA DENTAL PREMIER - \$1,800 Annual Maximum		
For CCHP Plans	Employee	\$46.06
	Employee + 1	\$104.04
	Employee + 2 or more	\$104.04
For Health Net Plans	Employee	\$46.06
	Employee + 1	\$104.04
	Employee + 2 or more	\$104.04
For Kaiser Permanente Plans	Employee	\$46.06
	Employee + 1	\$104.04
	Employee + 2 or more	\$104.04
Without a Health Plan	Employee	\$46.06
	Employee + 1	\$104.04
	Employee + 2 or more	\$104.04
DELTA CARE (PMI)		
For CCHP Plans	Employee	\$29.06
	Employee + 1	\$62.81
	Employee + 2 or more	\$62.81
For Health Net Plans	Employee	\$29.06
	Employee + 1	\$62.81
	Employee + 2 or more	\$62.81
For Kaiser Permanente Plans	Employee	\$29.06
	Employee + 1	\$62.81
	Employee + 2 or more	\$62.81
Without a Health Plan	Employee	\$29.06
	Employee + 1	\$62.81
	Employee + 2 or more	\$62.81