

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

**COBRA PARTICIPANTS**

| <b>PLAN/COVERAGE DESCRIPTION</b>                | <b>2019 TOTAL<br/>MONTHLY<br/>PREMIUM</b> | <b>MONTHLY ADMIN<br/>FEE</b> | <b>PARTICIPANT<br/>MONTHLY SHARE</b> |
|---|---|------------------------------|--------------------------------------|
| <b>CONTRA COSTA HEALTH PLAN - BASIC PLAN A</b>  |   |                              |                                      |
| Employee on Basic Plan                          | \$812.06                                  | \$16.24                      | \$828.30                             |
| Employee & 1                                    | \$1,624.10                                | \$32.48                      | \$1,656.58                           |
| Employee & 2 or more dependents on Basic Plan   | \$2,436.18                                | \$48.72                      | \$2,484.90                           |
| <b>CONTRA COSTA HEALTH PLAN - BASIC PLAN B</b>  |   |                              |                                      |
| Employee on Basic Plan                          | \$900.19                                  | \$18.00                      | \$918.19                             |
| Employee & 1                                    | \$1,800.37                                | \$36.01                      | \$1,836.38                           |
| Employee & 2 or more dependents on Basic Plan   | \$2,700.56                                | \$54.01                      | \$2,754.57                           |
| <b>KAISER PERMANENTE - BASIC PLAN A</b>         |   |                              |                                      |
| Employee on Basic Plan                          | \$877.30                                  | \$17.55                      | \$894.85                             |
| Employee & 1                                    | \$1,754.60                                | \$35.09                      | \$1,789.69                           |
| Employee & 2 or more dependents on Basic Plan   | \$2,631.90                                | \$52.64                      | \$2,684.54                           |
| <b>KAISER PERMANENTE - BASIC PLAN B</b>         |   |                              |                                      |
| Employee on Basic Plan                          | \$697.28                                  | \$13.95                      | \$711.23                             |
| Employee & 1                                    | \$1,394.56                                | \$27.89                      | \$1,422.45                           |
| Employee & 2 or more dependents on Basic Plan   | \$2,091.84                                | \$41.84                      | \$2,133.68                           |
| <b>KAISER PERMANENTE - HIGH DEDUCTIBLE PLAN</b> |   |                              |                                      |
| Employee on Basic Plan                          | \$559.68                                  | \$11.19                      | \$570.87                             |
| Employee & 1                                    | \$1,119.36                                | \$22.39                      | \$1,141.75                           |
| Employee & 2 or more dependents on Basic Plan   | \$1,679.04                                | \$33.58                      | \$1,712.62                           |
| <b>HEALTH NET HMO PLAN - BASIC PLAN A</b>       |   |                              |                                      |
| Employee on Basic Plan                          | \$1,677.56                                | \$33.55                      | \$1,711.11                           |
| Employee & 1                                    | \$3,355.12                                | \$67.10                      | \$3,422.22                           |
| Employee & 2 or more dependents on Basic Plan   | \$5,032.68                                | \$100.65                     | \$5,133.33                           |
| <b>HEALTH NET HMO PLAN - BASIC PLAN B</b>       |   |                              |                                      |
| Employee on Basic Plan                          | \$1,166.55                                | \$23.33                      | \$1,189.88                           |
| Employee & 1                                    | \$2,333.10                                | \$46.66                      | \$2,379.76                           |
| Employee & 2 or more dependents on Basic Plan   | \$3,499.65                                | \$69.99                      | \$3,569.64                           |
| <b>HEALTH NET PPO PLAN - BASIC PLAN A</b>       |   |                              |                                      |
| Employee on PPO Basic Plan                      | \$2,340.40                                | \$46.81                      | \$2,387.21                           |
| Employee & 1                                    | \$4,680.80                                | \$93.62                      | \$4,774.42                           |
| Employee & 2 or more dependents on Basic Plan   | \$7,021.20                                | \$140.42                     | \$7,161.62                           |

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| <b>PLAN/COVERAGE DESCRIPTION</b>                         |                      | <b>2019 TOTAL<br/>MONTHLY<br/>PREMIUM</b> | <b>MONTHLY ADMIN<br/>FEE</b> | <b>PARTICIPANT<br/>MONTHLY SHARE</b> |
|--|----------------------|---|------------------------------|--------------------------------------|
| <b>DELTA DENTAL PREMIER PPO - \$1,800 Annual Maximum</b> |                      |   |                              |                                      |
| For CCHP Plans   | Employee             | \$46.06                                   | \$0.92                       | \$46.98                              |
|  | Employee + 1         | \$104.04                                  | \$2.08                       | \$106.12                             |
|  | Employee + 2 or more | \$104.04                                  | \$2.08                       | \$106.12                             |
| For Health Net Plans                                     | Employee             | \$46.06                                   | \$0.92                       | \$46.98                              |
|  | Employee + 1         | \$104.04                                  | \$2.08                       | \$106.12                             |
|  | Employee + 2 or more | \$104.04                                  | \$2.08                       | \$106.12                             |
| For Kaiser Permanente Plans                              | Employee             | \$46.06                                   | \$0.92                       | \$46.98                              |
|  | Employee + 1         | \$104.04                                  | \$2.08                       | \$106.12                             |
|  | Employee + 2 or more | \$104.04                                  | \$2.08                       | \$106.12                             |
| Without a Health Plan                                    | Employee             | \$46.06                                   | \$0.92                       | \$46.98                              |
|  | Employee + 1         | \$104.04                                  | \$2.08                       | \$106.12                             |
|  | Employee + 2 or more | \$104.04                                  | \$2.08                       | \$106.12                             |
| <b>DELTA CARE (HMO)</b>                                  |                      |   |                              |                                      |
| 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                              |
| <b>VSP VOLUNTARY VISION PLAN</b>                         |                      |   |                              |                                      |
|  | 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                              |