

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

EMPLOYEES REPRESENTED BY CCC DEFENDERS' ASSOCIATION

COBRA PARTICIPANTS

PLAN/COVERAGE DESCRIPTION	2019 TOTAL MONTHLY PREMIUM	MONTHLY ADMIN FEE	PARTICIPANT MONTHLY SHARE
CONTRA COSTA HEALTH PLAN - BASIC PLAN A			
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
KAISER PERMANENTE - BASIC PLAN 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
KAISER PERMANENTE - HIGH DEDUCTIBLE PLAN			
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
HEALTH NET HMO PLAN - BASIC PLAN 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