

COBRA PARTICIPANTS

PLAN/COVERAGE DESCRIPTION	2019 TOTAL MONTHLY PREMIUM	MONTHLY ADMIN FEE	PARTICIPANT MONTHLY SHARE	
<b>CONTRA COSTA HEALTH PLAN - BASIC PLAN A</b>				
Employee on Basic Plan	\$876.31	\$17.53	\$893.84	
Employee & 1 or more dependents on Basic Plan	\$2,087.84	\$41.76	\$2,129.60	
<b>CONTRA COSTA HEALTH PLAN - BASIC PLAN B</b>				
Employee on Basic Plan	\$971.40	\$19.43	\$990.83	
Employee & 1 or more dependents on Basic Plan	\$2,308.20	\$46.16	\$2,354.36	
<b>KAISER PERMANENTE - BASIC PLAN A</b>				
Employee on Basic Plan	\$958.66	\$19.17	\$977.83	
Employee & 1 or more dependents on Basic Plan	\$2,233.68	\$44.67	\$2,278.35	
<b>KAISER PERMANENTE - BASIC PLAN B</b>				
Employee on Basic Plan	\$781.64	\$15.63	\$797.27	
Employee & 1 or more dependents on Basic Plan	\$1,821.23	\$36.42	\$1,857.65	
<b>HEALTH NET HMO PLAN - BASIC PLAN A</b>				
Employee on Basic Plan	\$1,796.27	\$35.93	\$1,832.20	
Employee & 1 or more dependents on Basic Plan	\$4,400.86	\$88.02	\$4,488.88	
<b>HEALTH NET HMO PLAN - BASIC PLAN B</b>				
Employee on Basic Plan	\$1,249.09	\$24.98	\$1,274.07	
Employee & 1 or more dependents on Basic Plan	\$3,060.27	\$61.21	\$3,121.48	
<b>HEALTH NET PPO PLAN - BASIC PLAN A</b>				
Employee on PPO Basic Plan	\$2,420.31	\$48.41	\$2,468.72	
Employee & 1 or more dependents on PPO Basic Plan	\$5,760.34	\$115.21	\$5,875.55	
<b>DELTA DENTAL PREMIER PPO - \$1,800 Annual Maximum</b>				
For CCHP Plans	Employee	\$46.06	\$0.92	\$46.98
	Family	\$104.04	\$2.08	\$106.12
For Health Net Plans	Employee	\$46.08	\$0.92	\$47.00
	Family	\$104.08	\$2.08	\$106.16
For Kaiser Permanente Plans	Employee	\$46.08	\$0.92	\$47.00
	Family	\$104.08	\$2.08	\$106.16
Without a Health Plan	Employee	\$46.08	\$0.92	\$47.00
	Family	\$104.08	\$2.08	\$106.16
<b>DELTA CARE (HMO)</b>				
For CCHP Plans	Employee	\$29.06	\$0.58	\$29.64
	Family	\$62.81	\$1.26	\$64.07
For Health Net Plans	Employee	\$29.06	\$0.58	\$29.64
	Family	\$62.81	\$1.26	\$64.07
For Kaiser Permanente Plans	Employee	\$29.06	\$0.58	\$29.64
	Family	\$62.81	\$1.26	\$64.07
Without a Health Plan	Employee	\$29.06	\$0.58	\$29.64
	Family	\$62.81	\$1.26	\$64.07