

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	
DELTA DENTAL PREMIER PPO - \$1,800 Annual Maximum				
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
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	