

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

**PERMANENT INTERMITTENT**

<b>PLAN/COVERAGE DESCRIPTION</b>	<b>2019 TOTAL MONTHLY PREMIUM</b>	<b>2019 LIFE INSURANCE PREMIUM</b>	<b>2019 EMPLOYEE MONTHLY SHARE</b>
<b>CONTRA COSTA HEALTH PLAN - BASIC PLAN A</b>			
Employee on Basic Plan	\$812.06	\$0.80	\$812.86
Employee & 1	\$1,624.10	\$0.80	\$1,624.90
Employee & 2 or more dependents on Basic Plan	\$2,436.18	\$0.80	\$2,436.98
<b>CONTRA COSTA HEALTH PLAN - BASIC PLAN B</b>			
Employee on Basic Plan	\$900.19	\$0.80	\$900.99
Employee & 1	\$1,800.37	\$0.80	\$1,801.17
Employee & 2 or more dependents on Basic Plan	\$2,700.56	\$0.80	\$2,701.36
<b>KAISER PERMANENTE - BASIC PLAN A</b>			
Employee on Basic Plan	\$877.30	\$0.80	\$878.10
Employee & 1	\$1,754.60	\$0.80	\$1,755.40
Employee & 2 or more dependents on Basic Plan	\$2,631.90	\$0.80	\$2,632.70
<b>KAISER PERMANENTE - BASIC PLAN B</b>			
Employee on Basic Plan	\$697.28	\$0.80	\$698.08
Employee & 1	\$1,394.56	\$0.80	\$1,395.36
Employee & 2 or more dependents on Basic Plan	\$2,091.84	\$0.80	\$2,092.64
<b>KAISER PERMANENTE - HIGH DEDUCTIBLE HEALTH PLAN</b>			
Employee on Basic Plan	\$559.68	\$0.80	\$560.48
Employee & 1	\$1,119.36	\$0.80	\$1,120.16
Employee & 2 or more dependents on Basic Plan	\$1,679.04	\$0.80	\$1,679.84
<b>HEALTH NET HMO PLAN - BASIC PLAN A</b>			
Employee on Basic Plan	\$1,677.56	\$0.80	\$1,678.36
Employee & 1	\$3,355.12	\$0.80	\$3,355.92
Employee & 2 or more dependents on Basic Plan	\$5,032.68	\$0.80	\$5,033.48
<b>HEALTH NET HMO PLAN - BASIC PLAN B</b>			
Employee on Basic Plan	\$1,166.55	\$0.80	\$1,167.35
Employee & 1	\$2,333.10	\$0.80	\$2,333.90
Employee & 2 or more dependents on Basic Plan	\$3,499.65	\$0.80	\$3,500.45
<b>HEALTH NET PPO PLAN - BASIC PLAN A</b>			
Employee on PPO Basic Plan	\$2,340.40	\$0.80	\$2,341.20
Employee & 1	\$4,680.80	\$0.80	\$4,681.60
Employee & 2 or more dependents on Basic Plan	\$7,021.20	\$0.80	\$7,022.00

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<b>DELTA DENTAL PREMIER - \$1,800 Annual Maximum</b>				
For CCHP Plans	Employee	\$46.06	\$0.00	\$46.06
	Employee + 1	\$104.04	\$0.00	\$104.04
	Employee + 2 or more	\$104.04	\$0.00	\$104.04
For Health Net Plans	Employee	\$46.06	\$0.00	\$46.06
	Employee + 1	\$104.04	\$0.00	\$104.04
	Employee + 2 or more	\$104.04	\$0.00	\$104.04
For Kaiser Permanente Plans	Employee	\$46.06	\$0.00	\$46.06
	Employee + 1	\$104.04	\$0.00	\$104.04
	Employee + 2 or more	\$104.04	\$0.00	\$104.04
Without a Health Plan	Employee	\$46.06	\$0.80	\$46.86
	Employee + 1	\$104.04	\$0.80	\$104.84
	Employee + 2 or more	\$104.04	\$0.80	\$104.84
<b>DELTA CARE (PMI)</b>				
For CCHP Plans	Employee	\$29.06	\$0.00	\$29.06
	Employee + 1	\$62.81	\$0.00	\$62.81
	Employee + 2 or more	\$62.81	\$0.00	\$62.81
For Health Net Plans	Employee	\$29.06	\$0.00	\$29.06
	Employee + 1	\$62.81	\$0.00	\$62.81
	Employee + 2 or more	\$62.81	\$0.00	\$62.81
For Kaiser Permanente Plans	Employee	\$29.06	\$0.00	\$29.06
	Employee + 1	\$62.81	\$0.00	\$62.81
	Employee + 2 or more	\$62.81	\$0.00	\$62.81
Without a Health Plan	Employee	\$29.06	\$0.80	\$29.86
	Employee + 1	\$62.81	\$0.80	\$63.61
	Employee + 2 or more	\$62.81	\$0.80	\$63.61
		<b>2019 TOTAL MONTHLY PREMIUM</b>	<b>2019 COUNTY MONTHLY SUBSIDY</b>	<b>2019 EMPLOYEE MONTHLY SHARE</b>
<b>CONTRA COSTA HEALTH PLAN A2</b>				
Employee on Basic Plan		\$668.40	\$255.54	\$412.86
Employee & 1		\$1,495.14	\$255.54	\$1,239.60
Employee & 2 or more dependents on Basic Plan		\$1,495.14	\$255.54	\$1,239.60