

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

PERMANENT FULL TIME EMPLOYEES AND PART TIME EMPLOYEES SCHEDULED TO WORK AT LEAST 20 HOURS PER WEEK

PLAN/COVERAGE DESCRIPTION	2019 TOTAL MONTHLY PREMIUM	2019 COUNTY MONTHLY SUBSIDY	2019 EMPLOYEE MONTHLY SHARE
CONTRA COSTA HEALTH PLAN - BASIC PLAN A			
Employee on Basic Plan	\$812.06	\$608.05	\$204.01
Employee & 1	\$1,624.10	\$1,204.79	\$419.31
Employee & 2 or more dependents on Basic Plan	\$2,436.18	\$1,879.37	\$556.81
CONTRA COSTA HEALTH PLAN - BASIC PLAN B			
Employee on Basic Plan	\$900.19	\$635.33	\$264.86
Employee & 1	\$1,800.37	\$1,240.45	\$559.92
Employee & 2 or more dependents on Basic Plan	\$2,700.56	\$1,994.74	\$705.82
KAISER PERMANENTE - BASIC PLAN A			
Employee on Basic Plan	\$877.30	\$499.13	\$378.17
Employee & 1	\$1,754.60	\$931.46	\$823.14
Employee & 2 or more dependents on Basic Plan	\$2,631.90	\$1,685.05	\$946.85
KAISER PERMANENTE - BASIC PLAN B			
Employee on Basic Plan	\$697.28	\$500.84	\$196.44
Employee & 1	\$1,394.56	\$993.28	\$401.28
Employee & 2 or more dependents on Basic Plan	\$2,091.84	\$1,574.80	\$517.04
KAISER PERMANENTE - HIGH DEDUCTIBLE PLAN			
Employee on Basic Plan	\$559.68	\$491.83	\$67.85
Employee & 1	\$1,119.36	\$1,006.30	\$113.06
Employee & 2 or more dependents on Basic Plan	\$1,679.04	\$1,521.76	\$157.28
HEALTH NET HMO PLAN - BASIC PLAN A			
Employee on Basic Plan	\$1,677.56	\$903.74	\$773.82
Employee & 1	\$3,355.12	\$1,600.14	\$1,754.98
Employee & 2 or more dependents on Basic Plan	\$5,032.68	\$2,983.30	\$2,049.38
HEALTH NET HMO PLAN - BASIC PLAN B			
Employee on Basic Plan	\$1,166.55	\$825.01	\$341.54
Employee & 1	\$2,333.10	\$1,606.20	\$726.90
Employee & 2 or more dependents on Basic Plan	\$3,499.65	\$2,549.75	\$949.90
HEALTH NET PPO PLAN - BASIC PLAN A			
Employee on PPO Basic Plan	\$2,340.40	\$1,076.44	\$1,263.96
Employee & 1	\$4,680.80	\$1,809.03	\$2,871.77
Employee & 2 or more dependents on Basic Plan	\$7,021.20	\$3,800.93	\$3,220.27

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DELTA DENTAL PREMIER PPO - \$1,800 Annual Maximum				
For CCHP Plans	Employee	\$46.06	\$41.17	\$4.89
	Employee + 1	\$104.04	\$93.00	\$11.04
	Employee + 2 or more	\$104.04	\$93.00	\$11.04
For Health Net Plans	Employee	\$46.06	\$34.02	\$12.04
	Employee + 1	\$104.04	\$76.77	\$27.27
	Employee + 2 or more	\$104.04	\$76.77	\$27.27
For Kaiser Permanente Plans	Employee	\$46.06	\$34.02	\$12.04
	Employee + 1	\$104.04	\$76.77	\$27.27
	Employee + 2 or more	\$104.04	\$76.77	\$27.27
Without a Health Plan	Employee	\$46.06	\$43.35	\$2.71
	Employee + 1	\$104.04	\$97.81	\$6.23
	Employee + 2 or more	\$104.04	\$97.81	\$6.23
DELTA CARE (HMO)				
For CCHP Plans	Employee	\$29.06	\$25.41	\$3.65
	Employee + 1	\$62.81	\$54.91	\$7.90
	Employee + 2 or more	\$62.81	\$54.91	\$7.90
For Health Net Plans	Employee	\$29.06	\$21.31	\$7.75
	Employee + 1	\$62.81	\$46.05	\$16.76
	Employee + 2 or more	\$62.81	\$46.05	\$16.76
For Kaiser Permanente Plans	Employee	\$29.06	\$21.31	\$7.75
	Employee + 1	\$62.81	\$46.05	\$16.76
	Employee + 2 or more	\$62.81	\$46.05	\$16.76
Without a Health Plan	Employee	\$29.06	\$27.31	\$1.75
	Employee + 1	\$62.81	\$59.03	\$3.78
	Employee + 2 or more	\$62.81	\$59.03	\$3.78
VSP VOLUNTARY VISION PLAN				
	Employee	\$10.08	\$0.00	\$10.08
	Employee + 1	\$20.14	\$0.00	\$20.14
	Employee + 2 or more	\$32.44	\$0.00	\$32.44