

PERMANENT FULL TIME EMPLOYEES AND PART TIME EMPLOYEES SCHEDULED TO WORK AT LEAST 16 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	\$876.31	\$858.79	\$17.52	
Employee & 1 or more dependents on Basic Plan	\$2,087.84	\$2,046.09	\$41.75	
CONTRA COSTA HEALTH PLAN - BASIC PLAN B				
Employee on Basic Plan	\$971.40	\$951.98	\$19.42	
Employee & 1 or more dependents on Basic Plan	\$2,308.20	\$2,262.04	\$46.16	
KAISER PERMANENTE - BASIC PLAN A				
Employee on Basic Plan	\$958.66	\$766.93	\$191.73	
Employee & 1 or more dependents on Basic Plan	\$2,233.68	\$1,786.95	\$446.73	
KAISER PERMANENTE - BASIC PLAN B				
Employee on Basic Plan	\$781.64	\$625.32	\$156.32	
Employee & 1 or more dependents on Basic Plan	\$1,821.23	\$1,456.99	\$364.24	
HEALTH NET HMO PLAN - BASIC PLAN A				
Employee on Basic Plan	\$1,796.27	\$1,437.02	\$359.25	
Employee & 1 or more dependents on Basic Plan	\$4,400.86	\$3,520.69	\$880.17	
HEALTH NET HMO PLAN - BASIC PLAN B				
Employee on Basic Plan	\$1,249.09	\$999.28	\$249.81	
Employee & 1 or more dependents on Basic Plan	\$3,060.27	\$2,448.22	\$612.05	
HEALTH NET PPO PLAN - BASIC PLAN A				
Employee on PPO Basic Plan	\$2,420.31	\$1,281.26	\$1,139.05	
Employee & 1 or more dependents on PPO Basic Plan	\$5,760.34	\$3,049.03	\$2,711.31	
DELTA DENTAL PREMIER PPO - \$1,800 Annual Maximum				
For CCHP Plans	Employee	\$46.06	\$45.14	\$0.92
	Family	\$104.04	\$101.96	\$2.08
For Health Net Plans	Employee	\$46.06	\$35.93	\$10.13
	Family	\$104.04	\$81.16	\$22.88
For Kaiser Permanente Plans	Employee	\$46.06	\$35.93	\$10.13
	Family	\$104.04	\$81.16	\$22.88
Without a Health Plan	Employee	\$46.06	\$46.05	\$0.01
	Family	\$104.04	\$104.03	\$0.01
DELTA CARE (HMO)				
For CCHP Plans	Employee	\$29.06	\$28.48	\$0.58
	Family	\$62.81	\$61.55	\$1.26
For Health Net Plans	Employee	\$29.06	\$22.67	\$6.39
	Family	\$62.81	\$48.99	\$13.82
For Kaiser Permanente Plans	Employee	\$29.06	\$22.67	\$6.39
	Family	\$62.81	\$48.99	\$13.82
Without a Health Plan	Employee	\$29.06	\$29.05	\$0.01
	Family	\$62.81	\$62.80	\$0.01
VSP VOLUNTARY VISION PLAN				
	Employee	\$10.08	\$0.00	\$10.08
	Family	\$27.80	\$0.00	\$27.80