

**2017 CONTRA COSTA COUNTY  
MONTHLY MEDICAL AND DENTAL PLAN PREMIUMS**

**EMPLOYEES REPRESENTED BY CCC DEFENDERS' ASSOCIATION**

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

<b>PLAN/COVERAGE DESCRIPTION</b>	<b>2017 TOTAL MONTHLY PREMIUM</b>	<b>2017 COUNTY MONTHLY SUBSIDY</b>	<b>2017 EMPLOYEE MONTHLY SHARE</b>
<b>CONTRA COSTA HEALTH PLAN - BASIC PLAN A</b>			
Employee on Basic Plan	\$717.57	\$560.81	\$156.76
Employee & 1	\$1,435.13	\$1,110.30	\$324.83
Employee & 2 or more dependents on Basic Plan	\$2,152.71	\$1,737.63	\$415.08
<b>CONTRA COSTA HEALTH PLAN - BASIC PLAN B *</b>			
Employee on Basic Plan	\$795.44	\$582.95	\$212.49
Employee & 1	\$1,590.88	\$1,135.71	\$455.17
Employee & 2 or more dependents on Basic Plan	\$2,386.32	\$1,837.62	\$548.70
<b>KAISER PERMANENTE - BASIC PLAN A *</b>			
Employee on Basic Plan	\$718.07	\$435.38	\$282.69
Employee & 1	\$1,436.14	\$803.96	\$632.18
Employee & 2 or more dependents on Basic Plan	\$2,154.21	\$1,493.79	\$660.42
<b>KAISER PERMANENTE - BASIC PLAN B</b>			
Employee on Basic Plan	\$570.73	\$445.04	\$125.69
Employee & 1	\$1,141.45	\$881.68	\$259.77
Employee & 2 or more dependents on Basic Plan	\$1,712.18	\$1,407.40	\$304.78
<b>KAISER PERMANENTE - HIGH DEDUCTIBLE PLAN</b>			
Employee on Basic Plan	\$458.07	\$447.04	\$11.03
Employee & 1	\$916.14	\$916.14	\$0.00
Employee & 2 or more dependents on Basic Plan	\$1,374.21	\$1,374.21	\$0.00
<b>HEALTH NET HMO PLAN - BASIC PLAN A *</b>			
Employee on Basic Plan	\$1,292.89	\$711.41	\$581.48
Employee & 1	\$2,585.78	\$1,215.47	\$1,370.31
Employee & 2 or more dependents on Basic Plan	\$3,878.66	\$2,406.29	\$1,472.37
<b>HEALTH NET HMO PLAN - BASIC PLAN B</b>			
Employee on Basic Plan	\$899.05	\$691.26	\$207.79
Employee & 1	\$1,798.10	\$1,338.70	\$459.40
Employee & 2 or more dependents on Basic Plan	\$2,697.16	\$2,148.51	\$548.65
<b>HEALTH NET CA &amp; NAT'L PPO PLAN - BASIC PLAN A</b>			
Employee on PPO Basic Plan	\$1,712.92	\$762.70	\$950.22
Employee & 1	\$3,425.83	\$1,181.55	\$2,244.28
Employee & 2 or more dependents on Basic Plan	\$5,138.75	\$2,859.71	\$2,279.04
<b>HEALTH NET CA &amp; NAT'L PPO PLAN - BASIC PLAN B *</b>			
Employee on PPO Basic Plan	\$1,542.05	\$746.93	\$795.12
Employee & 1	\$3,084.10	\$1,206.98	\$1,877.12
Employee & 2 or more dependents on Basic Plan	\$4,626.14	\$2,717.73	\$1,908.41

\* This plan is not available to any employees hired on or after January 1, 2016