

PERMANENT FULL TIME EMPLOYEES AND PART TIME EMPLOYEES SCHEDULED TO WORK AT LEAST 16 HOURS PER WEEK

PLAN/COVERAGE DESCRIPTION	2017 TOTAL MONTHLY PREMIUM	2017 COUNTY MONTHLY SUBSIDY	2017 EMPLOYEE MONTHLY SHARE	
CONTRA COSTA HEALTH PLAN - BASIC PLAN A				
Employee on Basic Plan	\$774.34	\$758.86	\$15.48	
Employee & 1 or more dependents on Basic Plan	\$1,844.90	\$1,808.01	\$36.89	
CONTRA COSTA HEALTH PLAN - BASIC PLAN B				
Employee on Basic Plan	\$858.37	\$841.21	\$17.16	
Employee & 1 or more dependents on Basic Plan	\$2,039.62	\$1,998.83	\$40.79	
KAISER PERMANENTE - BASIC PLAN A				
Employee on Basic Plan	\$784.71	\$627.77	\$156.94	
Employee & 1 or more dependents on Basic Plan	\$1,829.38	\$1,463.51	\$365.87	
KAISER PERMANENTE - BASIC PLAN B				
Employee on Basic Plan	\$639.82	\$511.86	\$127.96	
Employee & 1 or more dependents on Basic Plan	\$1,490.77	\$1,192.62	\$298.15	
HEALTH NET HMO PLAN - BASIC PLAN A				
Employee on Basic Plan	\$1,384.38	\$1,107.51	\$276.87	
Employee & 1 or more dependents on Basic Plan	\$3,396.00	\$2,716.80	\$679.20	
HEALTH NET HMO PLAN - BASIC PLAN B				
Employee on Basic Plan	\$962.67	\$770.14	\$192.53	
Employee & 1 or more dependents on Basic Plan	\$2,361.53	\$1,889.23	\$472.30	
HEALTH NET CA & NAT'L PPO PLAN - BASIC PLAN				
Employee on PPO Basic Plan	\$1,771.41	\$956.81	\$814.60	
Employee & 1 or more dependents on PPO Basic Plan	\$4,208.12	\$2,272.92	\$1,935.20	
DELTA DENTAL PREMIER PPO - \$1,800 Annual Maximum				
For CCHP Plans	Employee	\$45.16	\$44.26	\$0.90
	Family	\$102.00	\$99.96	\$2.04
For Health Net Plans	Employee	\$45.16	\$35.23	\$9.93
	Family	\$102.00	\$79.56	\$22.44
For Kaiser Permanente Plans	Employee	\$45.16	\$35.23	\$9.93
	Family	\$102.00	\$79.56	\$22.44
Without a Health Plan	Employee	\$45.16	\$45.15	\$0.01
	Family	\$102.00	\$101.99	\$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