

COBRA PARTICIPANTS

PLAN/COVERAGE DESCRIPTION		2016 TOTAL MONTHLY PREMIUM	MONTHLY ADMIN FEE	PARTICIPANT MONTHLY SHARE
CONTRA COSTA HEALTH PLAN - BASIC PLAN A				
Employee on Basic Plan		\$709.06	\$14.18	\$723.24
Employee & 1 or more dependents on Basic Plan		\$1,689.37	\$33.79	\$1,723.16
CONTRA COSTA HEALTH PLAN - BASIC PLAN B				
Employee on Basic Plan		\$786.01	\$15.72	\$801.73
Employee & 1 or more dependents on Basic Plan		\$1,867.68	\$37.35	\$1,905.03
KAISER PERMANENTE - BASIC PLAN				
Employee on Basic Plan		\$819.43	\$16.39	\$835.82
Employee & 1 or more dependents on Basic Plan		\$1,910.33	\$38.21	\$1,948.54
HEALTH NET HMO PLAN - BASIC PLAN				
Employee on Basic Plan		\$1,294.30	\$25.89	\$1,320.19
Employee & 1 or more dependents on Basic Plan		\$3,175.02	\$63.50	\$3,238.52
HEALTH NET CA & NAT'L PPO PLAN - BASIC PLAN				
Employee on PPO Basic Plan		\$1,699.52	\$33.99	\$1,733.51
Employee & 1 or more dependents on PPO Basic Plan		\$4,037.34	\$80.75	\$4,118.09
DELTA DENTAL PREMIER PPO - \$1,800 Annual Maximum				
For CCHP Plans	Employee	\$44.27	\$0.89	\$45.16
	Family	\$100.00	\$2.00	\$102.00
For Health Net Plans	Employee	\$44.27	\$0.89	\$45.16
	Family	\$100.00	\$2.00	\$102.00
For Kaiser Permanente Plans	Employee	\$44.27	\$0.89	\$45.16
	Family	\$100.00	\$2.00	\$102.00
Without a Health Plan	Employee	\$44.27	\$0.89	\$45.16
	Family	\$100.00	\$2.00	\$102.00
DELTA CARE (HMO)				
For CCHP Plans	Employee	\$29.06	\$0.58	\$29.64
	Family	\$62.81	\$1.26	\$64.07
For Health Net Plans	Employee	\$29.06	\$0.58	\$29.64
	Family	\$62.81	\$1.26	\$64.07
For Kaiser Permanente Plans	Employee	\$29.06	\$0.58	\$29.64
	Family	\$62.81	\$1.26	\$64.07
Without a Health Plan	Employee	\$29.06	\$0.58	\$29.64
	Family	\$62.81	\$1.26	\$64.07
VSP VOLUNTARY VISION PLAN				
Employee		\$10.08	\$0.20	\$10.28
Family		\$27.80	\$0.56	\$28.36