

2017 CONTRA COSTA COUNTY  
MONTHLY MEDICAL AND DENTAL PLAN PREMIUMS

PART TIME EMPLOYEES SCHEDULED TO WORK LESS THAN 20 HOURS PER WEEK

PLAN/COVERAGE DESCRIPTION	2017 TOTAL MONTHLY PREMIUM	2017 LIFE INSURANCE PREMIUM	2017 EMPLOYEE MONTHLY SHARE	
<b>CONTRA COSTA HEALTH PLAN - BASIC PLAN A</b>				
Employee on Basic Plan	\$717.57	\$1.25	\$718.82	
Employee & 1	\$1,435.13	\$1.25	\$1,436.38	
Employee & 2 or more dependents on Basic Plan	\$2,152.71	\$1.25	\$2,153.96	
<b>CONTRA COSTA HEALTH PLAN - BASIC PLAN B</b>				
Employee on Basic Plan	\$795.44	\$1.25	\$796.69	
Employee & 1	\$1,590.88	\$1.25	\$1,592.13	
Employee & 2 or more dependents on Basic Plan	\$2,386.32	\$1.25	\$2,387.57	
<b>KAISER PERMANENTE - BASIC PLAN A</b>				
Employee on Basic Plan	\$718.07	\$1.25	\$719.32	
Employee & 1	\$1,436.14	\$1.25	\$1,437.39	
Employee & 2 or more dependents on Basic Plan	\$2,154.21	\$1.25	\$2,155.46	
<b>KAISER PERMANENTE - BASIC PLAN B</b>				
Employee on Basic Plan	\$570.73	\$1.25	\$571.98	
Employee & 1	\$1,141.45	\$1.25	\$1,142.70	
Employee & 2 or more dependents on Basic Plan	\$1,712.18	\$1.25	\$1,713.43	
<b>KAISER PERMANENTE - HIGH DEDUCTIBLE PLAN</b>				
Employee on Basic Plan	\$458.07	\$1.25	\$459.32	
Employee & 1	\$916.14	\$1.25	\$917.39	
Employee & 2 or more dependents on Basic Plan	\$1,374.21	\$1.25	\$1,375.46	
<b>TEAMSTERS 856 TRUST FUND KP HEALTH PLAN</b>				
Employee on Basic Plan	\$655.00	\$1.25	\$656.25	
Employee & 1	\$1,245.00	\$1.25	\$1,246.25	
Employee & 2 or more dependents on Basic Plan	\$1,736.00	\$1.25	\$1,737.25	
<b>HEALTH NET HMO PLAN - BASIC PLAN A</b>				
Employee on Basic Plan	\$1,292.89	\$1.25	\$1,294.14	
Employee & 1	\$2,585.78	\$1.25	\$2,587.03	
Employee & 2 or more dependents on Basic Plan	\$3,878.66	\$1.25	\$3,879.91	
<b>HEALTH NET HMO PLAN - BASIC PLAN B</b>				
Employee on Basic Plan	\$899.05	\$1.25	\$900.30	
Employee & 1	\$1,798.10	\$1.25	\$1,799.35	
Employee & 2 or more dependents on Basic Plan	\$2,697.16	\$1.25	\$2,698.41	
<b>HEALTH NET CA &amp; NAT'L PPO PLAN - BASIC PLAN A</b>				
Employee on PPO Basic Plan	\$1,712.92	\$1.25	\$1,714.17	
Employee & 1	\$3,425.83	\$1.25	\$3,427.08	
Employee & 2 or more dependents on Basic Plan	\$5,138.75	\$1.25	\$5,140.00	
<b>HEALTH NET CA &amp; NAT'L PPO PLAN - BASIC PLAN B</b>				
Employee on PPO Basic Plan	\$1,542.05	\$1.25	\$1,543.30	
Employee & 1	\$3,084.10	\$1.25	\$3,085.35	
Employee & 2 or more dependents on Basic Plan	\$4,626.14	\$1.25	\$4,627.39	
<b>DELTA DENTAL PREMIER - \$1,800 Annual Maximum</b>				
	Employee	\$45.16	\$0.00	\$45.16
For CCHP Plans	Employee + 1	\$102.00	\$0.00	\$102.00
	Employee + 2 or more	\$102.00	\$0.00	\$102.00
	Employee	\$45.16	\$0.00	\$45.16
For Health Net Plans	Employee + 1	\$102.00	\$0.00	\$102.00
	Employee + 2 or more	\$102.00	\$0.00	\$102.00
	Employee	\$45.16	\$0.00	\$45.16
For Kaiser Permanente Plans	Employee + 1	\$102.00	\$0.00	\$102.00
	Employee + 2 or more	\$102.00	\$0.00	\$102.00
	Employee	\$45.16	\$1.25	\$46.41
Without a Health Plan	Employee + 1	\$102.00	\$1.25	\$103.25
	Employee + 2 or more	\$102.00	\$1.25	\$103.25
<b>DELTA CARE (PMI)</b>				
	Employee	\$29.06	\$0.00	\$29.06
For CCHP Plans	Employee + 1	\$62.81	\$0.00	\$62.81
	Employee + 2 or more	\$62.81	\$0.00	\$62.81
	Employee	\$29.06	\$0.00	\$29.06
For Health Net Plans	Employee + 1	\$62.81	\$0.00	\$62.81
	Employee + 2 or more	\$62.81	\$0.00	\$62.81
	Employee	\$29.06	\$0.00	\$29.06
For Kaiser Permanente Plans	Employee + 1	\$62.81	\$0.00	\$62.81
	Employee + 2 or more	\$62.81	\$0.00	\$62.81
	Employee	\$29.06	\$1.25	\$30.31
Without a Health Plan	Employee + 1	\$62.81	\$1.25	\$64.06
	Employee + 2 or more	\$62.81	\$1.25	\$64.06