

2017 MONTHLY MEDICAL AND DENTAL PLAN PREMIUMS

<b>PART TIME EMPLOYEES SCHEDULED TO WORK LESS THAN 20 HOURS PER WEEK</b>		<b>2017 TOTAL</b>
<b>PLAN/COVERAGE DESCRIPTION</b>		<b>MONTHLY PREMIUM</b>
<b>CONTRA COSTA HEALTH PLAN - BASIC PLAN A</b>		
Employee on Basic Plan		\$774.34
Employee & 1 or more dependents on Basic Plan		\$1,844.90
<b>CONTRA COSTA HEALTH PLAN - BASIC PLAN B</b>		
Employee on Basic Plan		\$858.37
Employee & 1 or more dependents on Basic Plan		\$2,039.62
<b>KAISER PERMANENTE - BASIC PLAN A</b>		
Employee on Basic Plan		\$784.71
Employee & 1 or more dependents on Basic Plan		\$1,829.38
<b>KAISER PERMANENTE - BASIC PLAN B</b>		
Employee on Basic Plan		\$639.82
Employee & 1 or more dependents on Basic Plan		\$1,490.77
<b>KAISER PERMANENTE - HIGH DEDUCTIBLE PLAN</b>		
Employee on Basic Plan		\$516.55
Employee & 1 or more dependents on Basic Plan		\$1,203.56
<b>HEALTH NET HMO PLAN - BASIC PLAN A</b>		
Employee on Basic Plan		\$1,384.38
Employee & 1 or more dependents on Basic Plan		\$3,396.00
<b>HEALTH NET HMO PLAN - BASIC PLAN B</b>		
Employee on Basic Plan		\$962.67
Employee & 1 or more dependents on Basic Plan		\$2,361.53
<b>HEALTH NET CA &amp; OUT OF AREA PPO PLAN - BASIC PLAN A</b>		
Employee on PPO Basic Plan		\$1,771.41
Employee & 1 or more dependents on PPO Basic Plan		\$4,208.12
<b>HEALTH NET CA &amp; OUT OF AREA PPO PLAN - BASIC PLAN B</b>		
Employee on PPO Basic Plan		\$1,594.71
Employee & 1 or more dependents on PPO Basic Plan		\$3,788.32
<b>DELTA DENTAL PREMIER PPO - \$1,800 Annual Maximum</b>		
For CCHP Plans	Employee	\$45.16
	Family	\$102.00
For Health Net Plans	Employee	\$45.16
	Family	\$102.00
For Kaiser Permanente Plans	Employee	\$45.16
	Family	\$102.00
Without a Health Plan	Employee	\$45.16
	Family	\$102.00
<b>DELTA CARE (HMO)</b>		
For CCHP Plans	Employee	\$29.06
	Family	\$62.81
For Health Net Plans	Employee	\$29.06
	Family	\$62.81
For Kaiser Permanente Plans	Employee	\$29.06
	Family	\$62.81
Without a Health Plan	Employee	\$29.06
	Family	\$62.81