

RATES EFFECTIVE 02/01/2017

PERMANENT FULL TIME EMPLOYEES AND PART TIME EMPLOYEES SCHEDULED TO WORK AT LEAST 20 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	\$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	
CONTRA COSTA HEALTH PLAN - BASIC PLAN 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	
KAISER PERMANENTE - BASIC PLAN A				
Employee on Basic Plan	\$718.07	\$496.07	\$222.00	
Employee & 1	\$1,436.14	\$938.73	\$497.41	
Employee & 2 or more dependents on Basic Plan	\$2,154.21	\$1,623.57	\$530.64	
KAISER PERMANENTE - BASIC PLAN 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	
KAISER PERMANENTE - HIGH DEDUCTIBLE PLAN				
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	
HEALTH NET HMO PLAN - BASIC PLAN A				
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	
HEALTH NET HMO PLAN - BASIC PLAN 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	
HEALTH NET CA & NAT'L PPO PLAN - BASIC PLAN A				
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	
HEALTH NET CA & NAT'L PPO PLAN - BASIC PLAN 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	
DELTA DENTAL PREMIER PPO - \$1,800 Annual Maximum				
	Employee	\$45.16	\$41.17	\$3.99
For CCHP Plans	Employee + 1	\$102.00	\$93.00	\$9.00
	Employee + 2 or more	\$102.00	\$93.00	\$9.00
	Employee	\$45.16	\$34.02	\$11.14
For Health Net Plans	Employee + 1	\$102.00	\$76.77	\$25.23
	Employee + 2 or more	\$102.00	\$76.77	\$25.23
	Employee	\$45.16	\$34.02	\$11.14
For Kaiser Permanente Plans	Employee + 1	\$102.00	\$76.77	\$25.23
	Employee + 2 or more	\$102.00	\$76.77	\$25.23
	Employee	\$45.16	\$43.35	\$1.81
Without a Health Plan	Employee + 1	\$102.00	\$97.81	\$4.19
	Employee + 2 or more	\$102.00	\$97.81	\$4.19
	Employee	\$29.06	\$25.41	\$3.65
For CCHP Plans	Employee + 1	\$62.81	\$54.91	\$7.90
	Employee + 2 or more	\$62.81	\$54.91	\$7.90
	Employee	\$29.06	\$21.31	\$7.75
For Health Net Plans	Employee + 1	\$62.81	\$46.05	\$16.76
	Employee + 2 or more	\$62.81	\$46.05	\$16.76
	Employee	\$29.06	\$21.31	\$7.75
For Kaiser Permanente Plans	Employee + 1	\$62.81	\$46.05	\$16.76
	Employee + 2 or more	\$62.81	\$46.05	\$16.76
	Employee	\$29.06	\$27.31	\$1.75
Without a Health Plan	Employee + 1	\$62.81	\$59.03	\$3.78
	Employee + 2 or more	\$62.81	\$59.03	\$3.78