

2017 CONTRA COSTA COUNTY
MONTHLY MEDICAL AND DENTAL PLAN PREMIUMS

COBRA PARTICIPANTS

PLAN/COVERAGE DESCRIPTION	2017 TOTAL			
	MONTHLY PREMIUM	MONTHLY ADMIN FEE	PARTICIPANT MONTHLY SHARE	
CONTRA COSTA HEALTH PLAN - BASIC PLAN A				
Employee on Basic Plan	\$717.57	\$14.35	\$731.92	
Employee & 1	\$1,435.13	\$28.70	\$1,463.83	
Employee & 2 or more dependents on Basic Plan	\$2,152.71	\$43.05	\$2,195.76	
CONTRA COSTA HEALTH PLAN - BASIC PLAN B				
Employee on Basic Plan	\$795.44	\$15.91	\$811.35	
Employee & 1	\$1,590.88	\$31.82	\$1,622.70	
Employee & 2 or more dependents on Basic Plan	\$2,386.32	\$47.73	\$2,434.05	
KAISER PERMANENTE - BASIC PLAN A				
Employee on Basic Plan	\$718.07	\$14.36	\$732.43	
Employee & 1	\$1,436.14	\$28.72	\$1,464.86	
Employee & 2 or more dependents on Basic Plan	\$2,154.21	\$43.08	\$2,197.29	
KAISER PERMANENTE - BASIC PLAN B				
Employee on Basic Plan	\$570.73	\$11.41	\$582.14	
Employee & 1	\$1,141.45	\$22.83	\$1,164.28	
Employee & 2 or more dependents on Basic Plan	\$1,712.18	\$34.24	\$1,746.42	
KAISER PERMANENTE - HIGH DEDUCTIBLE PLAN				
Employee on Basic Plan	\$458.07	\$9.16	\$467.23	
Employee & 1	\$916.14	\$18.32	\$934.46	
Employee & 2 or more dependents on Basic Plan	\$1,374.21	\$27.48	\$1,401.69	
HEALTH NET HMO PLAN - BASIC PLAN A				
Employee on Basic Plan	\$1,292.89	\$25.86	\$1,318.75	
Employee & 1	\$2,585.78	\$51.72	\$2,637.50	
Employee & 2 or more dependents on Basic Plan	\$3,878.66	\$77.57	\$3,956.23	
HEALTH NET HMO PLAN - BASIC PLAN B				
Employee on Basic Plan	\$899.05	\$17.98	\$917.03	
Employee & 1	\$1,798.10	\$35.96	\$1,834.06	
Employee & 2 or more dependents on Basic Plan	\$2,697.16	\$53.94	\$2,751.10	
HEALTH NET CA & NAT'L PPO PLAN - BASIC PLAN A				
Employee on PPO Basic Plan	\$1,712.92	\$34.26	\$1,747.18	
Employee & 1	\$3,425.83	\$68.52	\$3,494.35	
Employee & 2 or more dependents on Basic Plan	\$5,138.75	\$102.78	\$5,241.53	
HEALTH NET CA & NAT'L PPO PLAN - BASIC PLAN B				
Employee on PPO Basic Plan	\$1,542.05	\$30.84	\$1,572.89	
Employee & 1	\$3,084.10	\$61.68	\$3,145.78	
Employee & 2 or more dependents on Basic Plan	\$4,626.14	\$92.52	\$4,718.66	
DELTA DENTAL PREMIER PPO - \$1,800 Annual Maximum				
	Employee	\$45.16	\$0.90	\$46.06
For CCHP Plans	Employee + 1	\$102.00	\$2.04	\$104.04
	Employee + 2 or more	\$102.00	\$2.04	\$104.04
	Employee	\$45.16	\$0.90	\$46.06
For Health Net Plans	Employee + 1	\$102.00	\$2.04	\$104.04
	Employee + 2 or more	\$102.00	\$2.04	\$104.04
	Employee	\$45.16	\$0.90	\$46.06
For Kaiser Permanente Plans	Employee + 1	\$102.00	\$2.04	\$104.04
	Employee + 2 or more	\$102.00	\$2.04	\$104.04
	Employee	\$45.16	\$0.90	\$46.06
Without a Health Plan	Employee + 1	\$102.00	\$2.04	\$104.04
	Employee + 2 or more	\$102.00	\$2.04	\$104.04
	Employee	\$45.16	\$0.90	\$46.06
DELTA CARE (HMO)				
	Employee	\$29.06	\$0.58	\$29.64
For CCHP Plans	Employee + 1	\$62.81	\$1.26	\$64.07
	Employee + 2 or more	\$62.81	\$1.26	\$64.07
	Employee	\$29.06	\$0.58	\$29.64
For Health Net Plans	Employee + 1	\$62.81	\$1.26	\$64.07
	Employee + 2 or more	\$62.81	\$1.26	\$64.07
	Employee	\$29.06	\$0.58	\$29.64
For Kaiser Permanente Plans	Employee + 1	\$62.81	\$1.26	\$64.07
	Employee + 2 or more	\$62.81	\$1.26	\$64.07
	Employee	\$29.06	\$0.58	\$29.64
Without a Health Plan	Employee + 1	\$62.81	\$1.26	\$64.07
	Employee + 2 or more	\$62.81	\$1.26	\$64.07
	Employee	\$29.06	\$0.58	\$29.64
VSP VOLUNTARY VISION PLAN				
Employee	\$10.08	\$0.20	\$10.28	
Employee + 1	\$20.14	\$0.40	\$20.54	
Employee + 2 or more	\$32.44	\$0.65	\$33.09	