

**2015 CONTRA COSTA COUNTY  
MONTHLY MEDICAL AND DENTAL PLAN PREMIUMS**

**UNREPRESENTED EMPLOYEES AND ELECTED OFFICIALS**

**PERMANENT FULL TIME EMPLOYEES AND PART TIME EMPLOYEES SCHEDULED TO WORK AT LEAST 20 HOURS PER WEEK**

PLAN/COVERAGE DESCRIPTION		2015 TOTAL MONTHLY PREMIUM	2015 COUNTY MONTHLY SUBSIDY	2015 EMPLOYEE MONTHLY SHARE
<b>CONTRA COSTA HEALTH PLAN - BASIC PLAN A</b>				
Employee on Basic Plan		\$654.44	\$509.92	\$144.52
Employee & 1 or more dependents on Basic Plan		\$1,559.24	\$1,214.90	\$344.34
<b>CONTRA COSTA HEALTH PLAN - BASIC PLAN B</b>				
Employee on Basic Plan		\$725.46	\$528.50	\$196.96
Employee & 1 or more dependents on Basic Plan		\$1,723.82	\$1,255.79	\$468.03
<b>KAISER PERMANENTE - BASIC PLAN A</b>				
Employee on Basic Plan		\$811.33	\$478.91	\$332.42
Employee & 1 or more dependents on Basic Plan		\$1,891.44	\$1,115.84	\$775.60
<b>KAISER PERMANENTE - BASIC PLAN B</b>				
Employee on Basic Plan		\$637.55	\$478.91	\$158.64
Employee & 1 or more dependents on Basic Plan		\$1,485.48	\$1,115.84	\$369.64
<b>HEALTH NET HMO PLAN - BASIC PLAN A</b>				
Employee on Basic Plan		\$1,184.71	\$627.79	\$556.92
Employee & 1 or more dependents on Basic Plan		\$2,906.20	\$1,540.02	\$1,366.18
<b>HEALTH NET HMO PLAN - BASIC PLAN B</b>				
Employee on Basic Plan		\$823.83	\$627.79	\$196.04
Employee & 1 or more dependents on Basic Plan		\$2,020.92	\$1,540.02	\$480.90
<b>HEALTH NET CA &amp; NAT'L PPO PLAN - BASIC PLAN A</b>				
Employee on PPO Basic Plan		\$1,520.06	\$604.60	\$915.46
Employee & 1 or more dependents on PPO Basic Plan		\$3,611.02	\$1,436.25	\$2,174.77
<b>HEALTH NET CA &amp; NAT'L PPO PLAN - BASIC PLAN B</b>				
Employee on PPO Basic Plan		\$1,368.43	\$604.60	\$763.83
Employee & 1 or more dependents on PPO Basic Plan		\$3,250.79	\$1,436.25	\$1,814.54
<b>DELTA DENTAL PREMIER - \$1,800 Annual Maximum</b>				
For CCHP Plans	Employee	\$44.27	\$41.17	\$3.10
	Family	\$100.00	\$93.00	\$7.00
For Health Net Plans	Employee	\$44.27	\$34.02	\$10.25
	Family	\$100.00	\$76.77	\$23.23
For Kaiser Permanente Plans	Employee	\$44.27	\$34.02	\$10.25
	Family	\$100.00	\$76.77	\$23.23
Without a Health Plan	Employee	\$44.27	\$43.35	\$0.92
	Family	\$100.00	\$97.81	\$2.19
<b>DELTA CARE (PMI)</b>				
For CCHP Plans	Employee	\$29.06	\$25.41	\$3.65
	Family	\$62.81	\$54.91	\$7.90
For Health Net Plans	Employee	\$29.06	\$21.31	\$7.75
	Family	\$62.81	\$46.05	\$16.76
For Kaiser Permanente Plans	Employee	\$29.06	\$21.31	\$7.75
	Family	\$62.81	\$46.05	\$16.76
Without a Health Plan	Employee	\$29.06	\$27.31	\$1.75
	Family	\$62.81	\$59.03	\$3.78