

**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 | |
|--|---|--|--|---------|
| CONTRA COSTA HEALTH PLAN - BASIC PLAN A | | | | |
| 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 | |
| CONTRA COSTA HEALTH PLAN - BASIC PLAN 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 | |
| KAISER PERMANENTE - BASIC PLAN A | | | | |
| 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 | |
| KAISER PERMANENTE - BASIC PLAN 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 | |
| HEALTH NET HMO PLAN - BASIC PLAN A | | | | |
| 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 | |
| HEALTH NET HMO PLAN - BASIC PLAN 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 | |
| HEALTH NET CA & NAT'L PPO PLAN - BASIC PLAN A | | | | |
| 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 | |
| HEALTH NET CA & NAT'L PPO PLAN - BASIC PLAN 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 | |
| DELTA DENTAL PREMIER - \$1,800 Annual Maximum | | | | |
| 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 |
| DELTA CARE (PMI) | | | | |
| 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 |