

COBRA PARTICIPANTS

PLAN/COVERAGE DESCRIPTION	2021 TOTAL MONTHLY PREMIUM	MONTHLY ADMIN FEE	PARTICIPANT MONTHLY SHARE	
<b>CONTRA COSTA HEALTH PLAN - BASIC PLAN A</b>				
Employee on Basic Plan	\$1,056.79	\$21.14	\$1,077.93	
Employee & 1 or more dependents on Basic Plan	\$2,517.84	\$50.36	\$2,568.20	
<b>CONTRA COSTA HEALTH PLAN - BASIC PLAN B</b>				
Employee on Basic Plan	\$1,171.46	\$23.43	\$1,194.89	
Employee & 1 or more dependents on Basic Plan	\$2,783.58	\$55.67	\$2,839.25	
<b>KAISER PERMANENTE - BASIC PLAN A</b>				
Employee on Basic Plan	\$993.36	\$19.87	\$1,013.23	
Employee & 1 or more dependents on Basic Plan	\$2,314.54	\$46.29	\$2,360.83	
<b>KAISER PERMANENTE - BASIC PLAN B</b>				
Employee on Basic Plan	\$809.92	\$16.20	\$826.12	
Employee & 1 or more dependents on Basic Plan	\$1,887.12	\$37.74	\$1,924.86	
<b>HEALTH NET HMO PLAN - BASIC PLAN A</b>				
Employee on Basic Plan	\$1,861.66	\$37.23	\$1,898.89	
Employee & 1 or more dependents on Basic Plan	\$4,561.07	\$91.22	\$4,652.29	
<b>HEALTH NET HMO PLAN - BASIC PLAN B</b>				
Employee on Basic Plan	\$1,294.56	\$25.89	\$1,320.45	
Employee & 1 or more dependents on Basic Plan	\$3,171.67	\$63.43	\$3,235.10	
<b>HEALTH NET PPO PLAN - BASIC PLAN A</b>				
Employee on PPO Basic Plan	\$3,068.33	\$61.37	\$3,129.70	
Employee & 1 or more dependents on PPO Basic Plan	\$7,302.63	\$146.05	\$7,448.68	
<b>DELTA DENTAL PREMIER PPO - \$1,800 Annual Maximum</b>				
For CCHP Plans	Employee	\$46.52	\$0.93	\$47.45
	Family	\$105.08	\$2.10	\$107.18
For Health Net Plans	Employee	\$46.52	\$0.93	\$47.45
	Family	\$105.08	\$2.10	\$107.18
For Kaiser Permanente Plans	Employee	\$46.52	\$0.93	\$47.45
	Family	\$105.08	\$2.10	\$107.18
Without a Health Plan	Employee	\$46.52	\$0.93	\$47.45
	Family	\$105.08	\$2.10	\$107.18
<b>DELTA CARE (HMO)</b>				
For CCHP Plans	Employee	\$25.35	\$0.51	\$25.86
	Family	\$54.78	\$1.10	\$55.88
For Health Net Plans	Employee	\$25.35	\$0.51	\$25.86
	Family	\$54.78	\$1.10	\$55.88
For Kaiser Permanente Plans	Employee	\$25.35	\$0.51	\$25.86
	Family	\$54.78	\$1.10	\$55.88
Without a Health Plan	Employee	\$25.35	\$0.51	\$25.86
	Family	\$54.78	\$1.10	\$55.88