

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

PLAN/COVERAGE DESCRIPTION	2022 TOTAL MONTHLY PREMIUM	2022 FIRST 5 MONTHLY SUBSIDY	2022 EMPLOYEE MONTHLY SHARE
CONTRA COSTA HEALTH PLAN - BASIC PLAN A			
Employee on Basic Plan	\$1,031.76	\$825.41	\$206.35
Employee & 1	\$2,063.48	\$1,650.79	\$412.69
Employee & 2 or more dependents on Basic Plan	\$3,095.26	\$2,476.21	\$619.05
CONTRA COSTA HEALTH PLAN - BASIC PLAN B			
Employee on Basic Plan	\$1,143.72	\$914.98	\$228.74
Employee & 1	\$2,287.43	\$1,829.95	\$457.48
Employee & 2 or more dependents on Basic Plan	\$3,431.16	\$2,744.93	\$686.23
KAISER PERMANENTE - BASIC PLAN A			
Employee on Basic Plan	\$909.04	\$727.24	\$181.80
Employee & 1	\$1,818.08	\$1,454.47	\$363.61
Employee & 2 or more dependents on Basic Plan	\$2,727.12	\$2,181.70	\$545.42
KAISER PERMANENTE - BASIC PLAN B			
Employee on Basic Plan	\$722.50	\$578.00	\$144.50
Employee & 1	\$1,445.00	\$1,156.00	\$289.00
Employee & 2 or more dependents on Basic Plan	\$2,167.50	\$1,734.00	\$433.50
KAISER PERMANENTE - HIGH DEDUCTIBLE PLAN			
Employee on Basic Plan	\$579.96	\$463.97	\$115.99
Employee & 1	\$1,159.92	\$927.94	\$231.98
Employee & 2 or more dependents on Basic Plan	\$1,739.88	\$1,391.91	\$347.97
Health Net SmartCare HMO A			
Employee on Basic Plan	\$1,392.39	\$1,113.92	\$278.47
Employee & 1	\$2,784.78	\$2,227.83	\$556.95
Employee & 2 or more dependents on Basic Plan	\$4,177.17	\$3,341.74	\$835.43
Health Net SmartCare HMO B			
Employee on Basic Plan	\$992.83	\$794.27	\$198.56
Employee & 1	\$1,985.66	\$1,588.53	\$397.13
Employee & 2 or more dependents on Basic Plan	\$2,978.49	\$2,382.80	\$595.69
HEALTH NET PPO PLAN - BASIC PLAN A			
Employee on Basic Plan	\$3,234.05	\$2,587.24	\$646.81
Employee & 1	\$6,468.10	\$5,174.48	\$1,293.62
Employee & 2 or more dependents on Basic Plan	\$9,702.15	\$7,761.72	\$1,940.43

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PLAN/COVERAGE DESCRIPTION		2022 TOTAL MONTHLY PREMIUM	2022 FIRST 5 MONTHLY SUBSIDY	2022 EMPLOYEE MONTHLY SHARE
DELTA DENTAL PREMIER PPO - \$1,800 Annual Maximum				
For CCHP Plans	Employee	\$46.52	\$41.17	\$5.35
	Employee + 1	\$105.08	\$93.00	\$12.08
	Employee + 2 or more	\$105.08	\$93.00	\$12.08
For Health Net Plans	Employee	\$46.52	\$34.02	\$12.50
	Employee + 1	\$105.08	\$76.77	\$28.31
	Employee + 2 or more	\$105.08	\$76.77	\$28.31
For Kaiser Permanente Plans	Employee	\$46.52	\$34.02	\$12.50
	Employee + 1	\$105.08	\$76.77	\$28.31
	Employee + 2 or more	\$105.08	\$76.77	\$28.31
Without a Health Plan	Employee	\$46.52	\$43.35	\$3.17
	Employee + 1	\$105.08	\$97.81	\$7.27
	Employee + 2 or more	\$105.08	\$97.81	\$7.27
DELTA CARE (HMO)				
For CCHP Plans	Employee	\$25.35	\$25.35	\$0.00
	Employee + 1	\$54.78	\$54.78	\$0.00
	Employee + 2 or more	\$54.78	\$54.78	\$0.00
For Health Net Plans	Employee	\$25.35	\$21.31	\$4.04
	Employee + 1	\$54.78	\$46.05	\$8.73
	Employee + 2 or more	\$54.78	\$46.05	\$8.73
For Kaiser Permanente Plans	Employee	\$25.35	\$21.31	\$4.04
	Employee + 1	\$54.78	\$46.05	\$8.73
	Employee + 2 or more	\$54.78	\$46.05	\$8.73
Without a Health Plan	Employee	\$25.35	\$25.35	\$0.00
	Employee + 1	\$54.78	\$54.78	\$0.00
	Employee + 2 or more	\$54.78	\$54.78	\$0.00
VSP VOLUNTARY VISION PLAN				
	Employee	\$9.00	\$0.00	\$9.00
	Employee + 1	\$17.99	\$0.00	\$17.99
	Employee + 2 or more	\$28.97	\$0.00	\$28.97