

PERMANENT FULL TIME EMPLOYEES AND PART TIME EMPLOYEES SCHEDULED TO WORK AT LEAST 16 HOURS PER WEEK

PLAN/COVERAGE DESCRIPTION	2022 TOTAL MONTHLY PREMIUM	2022 COUNTY MONTHLY SUBSIDY	2022 EMPLOYEE MONTHLY SHARE	
CONTRA COSTA HEALTH PLAN - BASIC PLAN A				
Employee on Basic Plan	\$1,113.39	\$1,091.13	\$22.26	
Employee & 1 or more dependents on Basic Plan	\$2,652.68	\$2,599.63	\$53.05	
CONTRA COSTA HEALTH PLAN - BASIC PLAN B				
Employee on Basic Plan	\$1,234.20	\$1,209.52	\$24.68	
Employee & 1 or more dependents on Basic Plan	\$2,932.65	\$2,874.00	\$58.65	
KAISER PERMANENTE - BASIC PLAN A				
Employee on Basic Plan	\$993.36	\$794.69	\$198.67	
Employee & 1 or more dependents on Basic Plan	\$2,314.54	\$1,851.64	\$462.90	
KAISER PERMANENTE - BASIC PLAN B				
Employee on Basic Plan	\$809.92	\$647.94	\$161.98	
Employee & 1 or more dependents on Basic Plan	\$1,887.12	\$1,509.70	\$377.42	
HEALTH NET HMO PLAN - BASIC PLAN A				
Employee on Basic Plan	\$1,985.33	\$1,588.27	\$397.06	
Employee & 1 or more dependents on Basic Plan	\$4,864.06	\$3,891.25	\$972.81	
HEALTH NET HMO PLAN - BASIC PLAN B				
Employee on Basic Plan	\$1,380.56	\$1,104.45	\$276.11	
Employee & 1 or more dependents on Basic Plan	\$3,382.37	\$2,705.90	\$676.47	
HEALTH NET PPO PLAN - BASIC PLAN A				
Employee on PPO Basic Plan	\$3,344.48	\$1,743.34	\$1,601.14	
Employee & 1 or more dependents on PPO Basic Plan	\$7,959.86	\$4,148.79	\$3,811.07	
DELTA DENTAL PREMIER PPO - \$1,800 Annual Maximum				
For CCHP Plans	Employee	\$46.52	\$45.59	\$0.93
	Family	\$105.08	\$102.98	\$2.10
For Health Net Plans	Employee	\$46.52	\$36.29	\$10.23
	Family	\$105.08	\$81.97	\$23.11
For Kaiser Permanente Plans	Employee	\$46.52	\$36.29	\$10.23
	Family	\$105.08	\$81.97	\$23.11
Without a Health Plan	Employee	\$46.52	\$46.52	\$0.00
	Family	\$105.08	\$105.08	\$0.00
DELTA CARE (HMO)				
For CCHP Plans	Employee	\$25.35	\$24.85	\$0.50
	Family	\$54.78	\$53.69	\$1.09
For Health Net Plans	Employee	\$25.35	\$19.78	\$5.57
	Family	\$54.78	\$42.73	\$12.05
For Kaiser Permanente Plans	Employee	\$25.35	\$19.78	\$5.57
	Family	\$54.78	\$42.73	\$12.05
Without a Health Plan	Employee	\$25.35	\$25.35	\$0.00
	Family	\$54.78	\$54.78	\$0.00
VSP VOLUNTARY VISION PLAN				
	Employee	\$9.00	\$0.00	\$9.00
	Family	\$24.83	\$0.00	\$24.83