

**2022 CONTRA COSTA COUNTY
MONTHLY MEDICAL AND DENTAL PLAN PREMIUMS**

PERMANENT INTERMITTENT

PLAN/COVERAGE DESCRIPTION	2022 TOTAL MONTHLY PREMIUM
CONTRA COSTA HEALTH PLAN - BASIC PLAN A	
Employee on Basic Plan	\$1,031.76
Employee & 1	\$2,063.48
Employee & 2 or more dependents on Basic Plan	\$3,095.26
CONTRA COSTA HEALTH PLAN - BASIC PLAN B	
Employee on Basic Plan	\$1,143.72
Employee & 1	\$2,287.43
Employee & 2 or more dependents on Basic Plan	\$3,431.16
KAISER PERMANENTE - BASIC PLAN A	
Employee on Basic Plan	\$909.04
Employee & 1	\$1,818.08
Employee & 2 or more dependents on Basic Plan	\$2,727.12
KAISER PERMANENTE - BASIC PLAN B	
Employee on Basic Plan	\$722.50
Employee & 1	\$1,445.00
Employee & 2 or more dependents on Basic Plan	\$2,167.50
KAISER PERMANENTE - HIGH DEDUCTIBLE HEALTH PLAN	
Employee on Basic Plan	\$579.96
Employee & 1	\$1,159.92
Employee & 2 or more dependents on Basic Plan	\$1,739.88
Health Net SmartCare HMO A	
Employee on Basic Plan	\$1,392.39
Employee & 1	\$2,784.78
Employee & 2 or more dependents on Basic Plan	\$4,177.17
Health Net SmartCare HMO B	
Employee on Basic Plan	\$992.83
Employee & 1	\$1,985.66
Employee & 2 or more dependents on Basic Plan	\$2,978.49
HEALTH NET PPO PLAN - BASIC PLAN A	
Employee on PPO Basic Plan	\$3,234.05
Employee & 1	\$6,468.10
Employee & 2 or more dependents on Basic Plan	\$9,702.15

**2022 CONTRA COSTA COUNTY
MONTHLY MEDICAL AND DENTAL PLAN PREMIUMS**

PERMANENT INTERMITTENT

PLAN/COVERAGE DESCRIPTION		2022 TOTAL MONTHLY PREMIUM
DELTA DENTAL PREMIER - \$1,800 Annual Maximum		
For CCHP Plans	Employee	\$46.52
	Employee + 1	\$105.08
	Employee + 2 or more	\$105.08
For Health Net Plans	Employee	\$46.52
	Employee + 1	\$105.08
	Employee + 2 or more	\$105.08
For Kaiser Permanente Plans	Employee	\$46.52
	Employee + 1	\$105.08
	Employee + 2 or more	\$105.08
Without a Health Plan	Employee	\$46.52
	Employee + 1	\$105.08
	Employee + 2 or more	\$105.08
DELTA CARE (PMI)		
For CCHP Plans	Employee	\$25.35
	Employee + 1	\$54.78
	Employee + 2 or more	\$54.78
For Health Net Plans	Employee	\$25.35
	Employee + 1	\$54.78
	Employee + 2 or more	\$54.78
For Kaiser Permanente Plans	Employee	\$25.35
	Employee + 1	\$54.78
	Employee + 2 or more	\$54.78
Without a Health Plan	Employee	\$25.35
	Employee + 1	\$54.78
	Employee + 2 or more	\$54.78