

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

EMPLOYEES REPRESENTED BY TEAMSTERS LOCAL 856

COBRA PARTICIPANTS

PLAN/COVERAGE DESCRIPTION	2022 TOTAL MONTHLY PREMIUM	MONTHLY ADMIN FEE	PARTICIPANT MONTHLY SHARE
CONTRA COSTA HEALTH PLAN - BASIC PLAN A			
Employee on Basic Plan	\$1,031.76	\$20.64	\$1,052.40
Employee & 1	\$2,063.48	\$41.27	\$2,104.75
Employee & 2 or more dependents on Basic Plan	\$3,095.26	\$61.91	\$3,157.17
CONTRA COSTA HEALTH PLAN - BASIC PLAN B			
Employee on Basic Plan	\$1,143.72	\$22.87	\$1,166.59
Employee & 1	\$2,287.43	\$45.75	\$2,333.18
Employee & 2 or more dependents on Basic Plan	\$3,431.16	\$68.62	\$3,499.78
KAISER PERMANENTE - BASIC PLAN A			
Employee on Basic Plan	\$909.04	\$18.18	\$927.22
Employee & 1	\$1,818.08	\$36.36	\$1,854.44
Employee & 2 or more dependents on Basic Plan	\$2,727.12	\$54.54	\$2,781.66
KAISER PERMANENTE - BASIC PLAN B			
Employee on Basic Plan	\$722.50	\$14.45	\$736.95
Employee & 1	\$1,445.00	\$28.90	\$1,473.90
Employee & 2 or more dependents on Basic Plan	\$2,167.50	\$43.35	\$2,210.85
KAISER PERMANENTE - HIGH DEDUCTIBLE PLAN			
Employee on Basic Plan	\$579.96	\$11.60	\$591.56
Employee & 1	\$1,159.92	\$23.20	\$1,183.12
Employee & 2 or more dependents on Basic Plan	\$1,739.88	\$34.80	\$1,774.68
TEAMSTERS 856 TRUST FUND KP HEALTH PLAN			
Employee on Basic Plan	\$759.71	\$15.19	\$774.90
Employee & 1	\$1,554.78	\$31.10	\$1,585.88
Employee & 2 or more dependents on Basic Plan	\$2,226.06	\$44.52	\$2,270.58
Health Net SmartCare HMO A			
Employee on Basic Plan	\$1,392.39	\$27.85	\$1,420.24
Employee & 1	\$2,784.78	\$55.70	\$2,840.48
Employee & 2 or more dependents on Basic Plan	\$4,177.17	\$83.54	\$4,260.71
Health Net SmartCare HMO B			
Employee on Basic Plan	\$992.83	\$19.86	\$1,012.69
Employee & 1	\$1,985.66	\$39.71	\$2,025.37
Employee & 2 or more dependents on Basic Plan	\$2,978.49	\$59.57	\$3,038.06
HEALTH NET PPO PLAN - BASIC PLAN A			
Employee on PPO Basic Plan	\$3,234.05	\$64.68	\$3,298.73
Employee & 1	\$6,468.10	\$129.36	\$6,597.46
Employee & 2 or more dependents on Basic Plan	\$9,702.15	\$194.04	\$9,896.19

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COBRA PARTICIPANTS

PLAN/COVERAGE DESCRIPTION		2022 TOTAL MONTHLY PREMIUM	MONTHLY ADMIN FEE	PARTICIPANT MONTHLY SHARE
DELTA DENTAL PREMIER PPO - \$1,800 Annual Maximum				
For CCHP Plans	Employee	\$46.52	\$0.93	\$47.45
	Employee + 1	\$105.08	\$2.10	\$107.18
	Employee + 2 or more	\$105.08	\$2.10	\$107.18
For Health Net Plans	Employee	\$46.52	\$0.93	\$47.45
	Employee + 1	\$105.08	\$2.10	\$107.18
	Employee + 2 or more	\$105.08	\$2.10	\$107.18
For Kaiser Permanente Plans	Employee	\$46.52	\$0.93	\$47.45
	Employee + 1	\$105.08	\$2.10	\$107.18
	Employee + 2 or more	\$105.08	\$2.10	\$107.18
Without a Health Plan	Employee	\$25.35	\$0.51	\$25.86
	Employee + 1	\$54.78	\$1.10	\$55.88
	Employee + 2 or more	\$54.78	\$1.10	\$55.88
DELTA CARE (HMO)				
For CCHP Plans	Employee	\$25.35	\$0.51	\$25.86
	Employee + 1	\$54.78	\$1.10	\$55.88
	Employee + 2 or more	\$54.78	\$1.10	\$55.88
For Health Net Plans	Employee	\$25.35	\$0.51	\$25.86
	Employee + 1	\$54.78	\$1.10	\$55.88
	Employee + 2 or more	\$54.78	\$1.10	\$55.88
For Kaiser Permanente Plans	Employee	\$25.35	\$0.51	\$25.86
	Employee + 1	\$54.78	\$1.10	\$55.88
	Employee + 2 or more	\$54.78	\$1.10	\$55.88
Without a Health Plan	Employee	\$9.98	\$0.20	\$10.18
	Employee + 1	\$19.94	\$0.40	\$20.34
	Employee + 2 or more	\$32.12	\$0.64	\$32.76
VSP VOLUNTARY VISION PLAN				
	Employee	\$9.00	\$0.18	\$9.18
	Employee + 1	\$17.99	\$0.36	\$18.35
	Employee + 2 or more	\$28.98	\$0.58	\$29.56