

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

PART TIME EMPLOYEES SCHEDULED TO WORK LESS THAN 20 HOURS PER WEEK

| PLAN/COVERAGE DESCRIPTION | 2022 TOTAL MONTHLY PREMIUM | 2022 LIFE INSURANCE PREMIUM | 2022 EMPLOYEE MONTHLY SHARE |
|---|-----------------------------------|------------------------------------|------------------------------------|
| CONTRA COSTA HEALTH PLAN - BASIC PLAN A | | | |
| Employee on Basic Plan | \$1,031.76 | \$0.80 | \$1,032.56 |
| Employee & 1 | \$2,063.48 | \$0.80 | \$2,064.28 |
| Employee & 2 or more dependents on Basic Plan | \$3,095.26 | \$0.80 | \$3,096.06 |
| CONTRA COSTA HEALTH PLAN - BASIC PLAN B | | | |
| Employee on Basic Plan | \$1,143.72 | \$0.80 | \$1,144.52 |
| Employee & 1 | \$2,287.43 | \$0.80 | \$2,288.23 |
| Employee & 2 or more dependents on Basic Plan | \$3,431.16 | \$0.80 | \$3,431.96 |
| KAISER PERMANENTE - BASIC PLAN A | | | |
| Employee on Basic Plan | \$909.04 | \$0.80 | \$909.84 |
| Employee & 1 | \$1,818.08 | \$0.80 | \$1,818.88 |
| Employee & 2 or more dependents on Basic Plan | \$2,727.12 | \$0.80 | \$2,727.92 |
| KAISER PERMANENTE - BASIC PLAN B | | | |
| Employee on Basic Plan | \$722.50 | \$0.80 | \$723.30 |
| Employee & 1 | \$1,445.00 | \$0.80 | \$1,445.80 |
| Employee & 2 or more dependents on Basic Plan | \$2,167.50 | \$0.80 | \$2,168.30 |
| KAISER PERMANENTE - HIGH DEDUCTIBLE PLAN | | | |
| Employee on Basic Plan | \$579.96 | \$0.80 | \$580.76 |
| Employee & 1 | \$1,159.92 | \$0.80 | \$1,160.72 |
| Employee & 2 or more dependents on Basic Plan | \$1,739.88 | \$0.80 | \$1,740.68 |
| Health Net SmartCare HMO A | | | |
| Employee on Basic Plan | \$1,392.39 | \$0.80 | \$1,393.19 |
| Employee & 1 | \$2,784.78 | \$0.80 | \$2,785.58 |
| Employee & 2 or more dependents on Basic Plan | \$4,177.17 | \$0.80 | \$4,177.97 |
| Health Net SmartCare HMO B | | | |
| Employee on Basic Plan | \$992.83 | \$0.80 | \$993.63 |
| Employee & 1 | \$1,985.66 | \$0.80 | \$1,986.46 |
| Employee & 2 or more dependents on Basic Plan | \$2,978.49 | \$0.80 | \$2,979.29 |
| HEALTH NET PPO PLAN - BASIC PLAN A | | | |
| Employee on PPO Basic Plan | \$3,234.05 | \$0.80 | \$3,234.85 |
| Employee & 1 | \$6,468.10 | \$0.80 | \$6,468.90 |
| Employee & 2 or more dependents on Basic Plan | \$9,702.15 | \$0.80 | \$9,702.95 |

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|--|----------------------|---|--|--|
| CONTRA COSTA HEALTH PLAN - BASIC PLAN A | | | | |
| DELTA DENTAL PREMIER - \$1,800 Annual Maximum | | | | |
| For CCHP Plans | Employee | \$46.52 | \$0.00 | \$46.52 |
| | Employee + 1 | \$105.08 | \$0.00 | \$105.08 |
| | Employee + 2 or more | \$105.08 | \$0.00 | \$105.08 |
| For Health Net Plans | Employee | \$46.52 | \$0.00 | \$46.52 |
| | Employee + 1 | \$105.08 | \$0.00 | \$105.08 |
| | Employee + 2 or more | \$105.08 | \$0.00 | \$105.08 |
| For Kaiser Permanente Plans | Employee | \$46.52 | \$0.00 | \$46.52 |
| | Employee + 1 | \$105.08 | \$0.00 | \$105.08 |
| | Employee + 2 or more | \$105.08 | \$0.00 | \$105.08 |
| Without a Health Plan | Employee | \$46.52 | \$0.80 | \$47.32 |
| | Employee + 1 | \$105.08 | \$0.80 | \$105.88 |
| | Employee + 2 or more | \$105.08 | \$0.80 | \$105.88 |
| DELTA CARE (PMI) | | | | |
| For CCHP Plans | Employee | \$25.35 | \$0.00 | \$25.35 |
| | Employee + 1 | \$54.78 | \$0.00 | \$54.78 |
| | Employee + 2 or more | \$54.78 | \$0.00 | \$54.78 |
| For Health Net Plans | Employee | \$25.35 | \$0.00 | \$25.35 |
| | Employee + 1 | \$54.78 | \$0.00 | \$54.78 |
| | Employee + 2 or more | \$54.78 | \$0.00 | \$54.78 |
| For Kaiser Permanente Plans | Employee | \$25.35 | \$0.00 | \$25.35 |
| | Employee + 1 | \$54.78 | \$0.00 | \$54.78 |
| | Employee + 2 or more | \$54.78 | \$0.00 | \$54.78 |
| Without a Health Plan | Employee | \$25.35 | \$0.80 | \$26.15 |
| | Employee + 1 | \$54.78 | \$0.80 | \$55.58 |
| | Employee + 2 or more | \$54.78 | \$0.80 | \$55.58 |