

**2023 CONTRA COSTA COUNTY
MONTHLY MEDICAL AND DENTAL PLAN PREMIUMS**

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

PLAN/COVERAGE DESCRIPTION	2023 TOTAL MONTHLY PREMIUM	2023 LIFE INSURANCE PREMIUM	2023 EMPLOYEE MONTHLY SHARE
CONTRA COSTA HEALTH PLAN - BASIC PLAN A			
Employee on Basic Plan	\$1,102.58	\$0.80	\$1,103.38
Employee & 1	\$2,205.11	\$0.80	\$2,205.91
Employee & 2 or more dependents on Basic Plan	\$3,307.71	\$0.80	\$3,308.51
CONTRA COSTA HEALTH PLAN - BASIC PLAN B			
Employee on Basic Plan	\$1,222.22	\$0.80	\$1,223.02
Employee & 1	\$2,444.43	\$0.80	\$2,445.23
Employee & 2 or more dependents on Basic Plan	\$3,666.66	\$0.80	\$3,667.46
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
TEAMSTERS 856 TRUST FUND KP HEALTH PLAN			
Employee on Basic Plan	\$831.27	\$0.80	\$832.07
Employee & 1	\$1,701.25	\$0.80	\$1,702.05
Employee & 2 or more dependents on Basic Plan	\$2,435.77	\$0.80	\$2,436.57
HEALTH NET SMARTCARE - BASIC PLAN A			
Employee on Basic Plan	\$1,506.10	\$0.80	\$1,506.90
Employee & 1	\$3,012.20	\$0.80	\$3,013.00
Employee & 2 or more dependents on Basic Plan	\$4,518.31	\$0.80	\$4,519.11
HEALTH NET SMARTCARE - BASIC PLAN B			
Employee on Basic Plan	\$1,073.91	\$0.80	\$1,074.71
Employee & 1	\$2,147.82	\$0.80	\$2,148.62
Employee & 2 or more dependents on Basic Plan	\$3,221.73	\$0.80	\$3,222.53
HEALTH NET PPO PLAN - BASIC PLAN A			
Employee on PPO Basic Plan	\$3,466.90	\$0.80	\$3,467.70
Employee & 1	\$6,933.80	\$0.80	\$6,934.60
Employee & 2 or more dependents on Basic Plan	\$10,400.70	\$0.80	\$10,401.50

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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