

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

**PERMANENT INTERMITTENT**

<b>PLAN/COVERAGE DESCRIPTION</b>	<b>2023 TOTAL MONTHLY PREMIUM</b>	<b>2023 LIFE INSURANCE PREMIUM</b>	<b>2023 EMPLOYEE MONTHLY SHARE</b>
<b>CONTRA COSTA HEALTH PLAN - BASIC PLAN A</b>			
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
<b>CONTRA COSTA HEALTH PLAN - BASIC PLAN B</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
<b>CONTRA COSTA HEALTH PLAN A2</b>			
Employee on Basic Plan	\$850.08	\$255.54	\$594.54
Employee & 1	\$1,901.60	\$255.54	\$1,646.06
Employee & 2 or more dependents on Basic Plan	\$1,901.60	\$255.54	\$1,646.06
<b>KAISER PERMANENTE - BASIC PLAN A</b>			
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
<b>KAISER PERMANENTE - BASIC PLAN B</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
<b>KAISER PERMANENTE - HIGH DEDUCTIBLE HEALTH PLAN</b>			
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
<b>HEALTH NET SMARTCARE - BASIC PLAN A</b>			
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
<b>HEALTH NET SMARTCARE - BASIC PLAN B</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
<b>HEALTH NET PPO PLAN - BASIC PLAN A</b>			
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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<b>DELTA DENTAL PREMIER - \$1,800 Annual Maximum</b>				
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
<b>DELTA CARE (PMI)</b>				
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