

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

EMPLOYEES REPRESENTED BY TEAMSTERS LOCAL 856

COBRA PARTICIPANTS

PLAN/COVERAGE DESCRIPTION	2023 TOTAL MONTHLY PREMIUM	MONTHLY ADMIN FEE	PARTICIPANT MONTHLY SHARE
CONTRA COSTA HEALTH PLAN - BASIC PLAN A			
Employee on Basic Plan	\$1,102.58	\$22.05	\$1,124.63
Employee & 1	\$2,205.11	\$44.10	\$2,249.21
Employee & 2 or more dependents on Basic Plan	\$3,307.71	\$66.15	\$3,373.86
CONTRA COSTA HEALTH PLAN - BASIC PLAN B			
Employee on Basic Plan	\$1,222.22	\$24.44	\$1,246.66
Employee & 1	\$2,444.43	\$48.89	\$2,493.32
Employee & 2 or more dependents on Basic Plan	\$3,666.66	\$73.33	\$3,739.99
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	\$831.27	\$16.63	\$847.90
Employee & 1	\$1,701.25	\$34.03	\$1,735.28
Employee & 2 or more dependents on Basic Plan	\$2,435.77	\$48.72	\$2,484.49
Health Net SmartCare HMO A			
Employee on Basic Plan	\$1,506.10	\$30.12	\$1,536.22
Employee & 1	\$3,012.20	\$60.24	\$3,072.44
Employee & 2 or more dependents on Basic Plan	\$4,518.31	\$90.37	\$4,608.68
Health Net SmartCare HMO B			
Employee on Basic Plan	\$1,073.91	\$21.48	\$1,095.39
Employee & 1	\$2,147.82	\$42.96	\$2,190.78
Employee & 2 or more dependents on Basic Plan	\$3,221.73	\$64.43	\$3,286.16
HEALTH NET PPO PLAN - BASIC PLAN A			
Employee on PPO Basic Plan	\$3,466.90	\$69.34	\$3,536.24
Employee & 1	\$6,933.80	\$138.68	\$7,072.48
Employee & 2 or more dependents on Basic Plan	\$10,400.70	\$208.01	\$10,608.71

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COBRA PARTICIPANTS

PLAN/COVERAGE DESCRIPTION		2023 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