

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

**PERMANENT FULL TIME EMPLOYEES AND PART TIME EMPLOYEES SCHEDULED TO WORK AT LEAST 20 HOURS PER WEEK**

<b>PLAN/COVERAGE DESCRIPTION</b>	<b>2023 TOTAL MONTHLY PREMIUM</b>	<b>2023 COUNTY MONTHLY SUBSIDY</b>	<b>2023 EMPLOYEE MONTHLY SHARE</b>
<b>CONTRA COSTA HEALTH PLAN - BASIC PLAN A</b>			
Employee on Basic Plan	\$1,102.58	\$859.13	\$243.45
Employee & 1	\$2,205.11	\$1,718.26	\$486.85
Employee & 2 or more dependents on Basic Plan	\$3,307.71	\$2,577.39	\$730.32
<b>CONTRA COSTA HEALTH PLAN - BASIC PLAN B</b>			
Employee on Basic Plan	\$1,222.22	\$859.13	\$363.09
Employee & 1	\$2,444.43	\$1,718.26	\$726.17
Employee & 2 or more dependents on Basic Plan	\$3,666.66	\$2,577.39	\$1,089.27
<b>KAISER PERMANENTE - BASIC PLAN A</b>			
Employee on Basic Plan	\$909.04	\$859.13	\$49.91
Employee & 1	\$1,818.08	\$1,718.26	\$99.82
Employee & 2 or more dependents on Basic Plan	\$2,727.12	\$2,577.39	\$149.73
<b>KAISER PERMANENTE - BASIC PLAN B</b>			
Employee on Basic Plan	\$722.50	\$702.50	\$20.00
Employee & 1	\$1,445.00	\$1,405.00	\$40.00
Employee & 2 or more dependents on Basic Plan	\$2,167.50	\$2,107.50	\$60.00
<b>KAISER PERMANENTE - HIGH DEDUCTIBLE PLAN</b>			
Employee on Basic Plan	\$579.96	\$579.96	\$0.00
Employee & 1	\$1,159.92	\$1,159.92	\$0.00
Employee & 2 or more dependents on Basic Plan	\$1,739.88	\$1,739.88	\$0.00
<b>HEALTH NET SMARTCARE - BASIC PLAN A</b>			
Employee on Basic Plan	\$1,506.10	\$859.13	\$646.97
Employee & 1	\$3,012.20	\$1,718.26	\$1,293.94
Employee & 2 or more dependents on Basic Plan	\$4,518.31	\$2,577.39	\$1,940.92
<b>HEALTH NET SMARTCARE - BASIC PLAN B</b>			
Employee on Basic Plan	\$1,073.91	\$859.13	\$214.78
Employee & 1	\$2,147.82	\$1,718.26	\$429.56
Employee & 2 or more dependents on Basic Plan	\$3,221.73	\$2,577.39	\$644.34
<b>HEALTH NET PPO PLAN - BASIC PLAN A</b>			
Employee on PPO Basic Plan	\$3,466.90	\$859.13	\$2,607.77
Employee & 1	\$6,933.80	\$1,718.26	\$5,215.54
Employee & 2 or more dependents on Basic Plan	\$10,400.70	\$2,577.39	\$7,823.31

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<b>DELTA DENTAL PREMIER PPO - \$1,800 Annual Maximum</b>				
For CCHP Plans	Employee	\$46.52	\$41.17	\$5.35
	Employee + 1	\$105.08	\$93.00	\$12.08
	Employee + 2 or more	\$105.08	\$93.00	\$12.08
For Health Net Plans	Employee	\$46.52	\$34.02	\$12.50
	Employee + 1	\$105.08	\$76.77	\$28.31
	Employee + 2 or more	\$105.08	\$76.77	\$28.31
For Kaiser Permanente Plans	Employee	\$46.52	\$34.02	\$12.50
	Employee + 1	\$105.08	\$76.77	\$28.31
	Employee + 2 or more	\$105.08	\$76.77	\$28.31
Without a Health Plan	Employee	\$46.52	\$43.35	\$3.17
	Employee + 1	\$105.08	\$97.81	\$7.27
	Employee + 2 or more	\$105.08	\$97.81	\$7.27
<b>DELTA CARE (HMO)</b>				
For CCHP Plans	Employee	\$25.35	\$25.35	\$0.00
	Employee + 1	\$54.78	\$54.78	\$0.00
	Employee + 2 or more	\$54.78	\$54.78	\$0.00
For Health Net Plans	Employee	\$25.35	\$21.31	\$4.04
	Employee + 1	\$54.78	\$46.05	\$8.73
	Employee + 2 or more	\$54.78	\$46.05	\$8.73
For Kaiser Permanente Plans	Employee	\$25.35	\$21.31	\$4.04
	Employee + 1	\$54.78	\$46.05	\$8.73
	Employee + 2 or more	\$54.78	\$46.05	\$8.73
Without a Health Plan	Employee	\$25.35	\$25.35	\$0.00
	Employee + 1	\$54.78	\$54.78	\$0.00
	Employee + 2 or more	\$54.78	\$54.78	\$0.00
<b>VSP VOLUNTARY VISION PLAN</b>				
	Employee	\$9.00	\$0.00	\$9.00
	Employee + 1	\$17.99	\$0.00	\$17.99
	Employee + 2 or more	\$28.98	\$0.00	\$28.98