

PERMANENT FULL TIME EMPLOYEES AND PART TIME EMPLOYEES SCHEDULED TO WORK AT LEAST 16 HOURS PER WEEK

PLAN/COVERAGE DESCRIPTION	2023 TOTAL MONTHLY PREMIUM	2023 COUNTY MONTHLY SUBSIDY	2023 EMPLOYEE MONTHLY SHARE
<b>CONTRA COSTA HEALTH PLAN - BASIC PLAN A</b>			
Employee on Basic Plan	\$1,189.81	\$1,166.02	\$23.79
Employee & 1 or more dependents on Basic Plan	\$2,834.75	\$2,778.06	\$56.69
<b>CONTRA COSTA HEALTH PLAN - BASIC PLAN B</b>			
Employee on Basic Plan	\$1,318.91	\$1,292.54	\$26.37
Employee & 1 or more dependents on Basic Plan	\$3,133.93	\$3,071.26	\$62.67
<b>KAISER PERMANENTE - BASIC PLAN A</b>			
Employee on Basic Plan	\$993.36	\$794.69	\$198.67
Employee & 1 or more dependents on Basic Plan	\$2,314.54	\$1,851.64	\$462.90
<b>KAISER PERMANENTE - BASIC PLAN B</b>			
Employee on Basic Plan	\$809.92	\$647.94	\$161.98
Employee & 1 or more dependents on Basic Plan	\$1,887.12	\$1,509.70	\$377.42
<b>HEALTH NET SMARTCARE - BASIC PLAN A</b>			
Employee on Basic Plan	\$1,612.66	\$1,290.13	\$322.53
Employee & 1 or more dependents on Basic Plan	\$3,951.02	\$3,160.82	\$790.20
<b>HEALTH NET SMARTCARE - BASIC PLAN B</b>			
Employee on Basic Plan	\$1,149.89	\$919.92	\$229.97
Employee & 1 or more dependents on Basic Plan	\$2,817.22	\$2,253.78	\$563.44
<b>DELTA DENTAL PREMIER PPO - \$1,800 Annual Maximum</b>			
For CCHP Plans			
Employee	\$46.52	\$45.59	\$0.93
Family	\$105.08	\$102.98	\$2.10
For Health Net Plans			
Employee	\$46.52	\$36.29	\$10.23
Family	\$105.08	\$81.97	\$23.11
For Kaiser Permanente Plans			
Employee	\$46.52	\$36.29	\$10.23
Family	\$105.08	\$81.97	\$23.11
Without a Health Plan			
Employee	\$46.52	\$46.52	\$0.00
Family	\$105.08	\$105.08	\$0.00
<b>DELTA CARE (HMO)</b>			
For CCHP Plans			
Employee	\$25.35	\$24.85	\$0.50
Family	\$54.78	\$53.69	\$1.09
For Health Net Plans			
Employee	\$25.35	\$19.78	\$5.57
Family	\$54.78	\$42.73	\$12.05
For Kaiser Permanente Plans			
Employee	\$25.35	\$19.78	\$5.57
Family	\$54.78	\$42.73	\$12.05
Without a Health Plan			
Employee	\$25.35	\$25.35	\$0.00
Family	\$54.78	\$54.78	\$0.00
<b>VSP VOLUNTARY VISION PLAN</b>			
Employee	\$9.00	\$0.00	\$9.00
Family	\$24.83	\$0.00	\$24.83