

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

PLAN/COVERAGE DESCRIPTION	2023 TOTAL MONTHLY PREMIUM	2023 LAFCO MONTHLY SUBSIDY	2023 EMPLOYEE MONTHLY SHARE
CONTRA COSTA HEALTH PLAN - BASIC PLAN A			
Employee on Basic Plan	\$1,102.58	\$1,080.53	\$22.05
Employee & 1	\$2,205.11	\$2,161.01	\$44.10
Employee & 2 or more dependents on Basic Plan	\$3,307.71	\$3,241.56	\$66.15
CONTRA COSTA HEALTH PLAN - BASIC PLAN B			
Employee on Basic Plan	\$1,222.22	\$1,100.00	\$122.22
Employee & 1	\$2,444.43	\$2,199.99	\$244.44
Employee & 2 or more dependents on Basic Plan	\$3,666.66	\$3,300.00	\$366.66
KAISER PERMANENTE - BASIC PLAN A			
Employee on Basic Plan	\$909.04	\$727.24	\$181.80
Employee & 1	\$1,818.08	\$1,454.47	\$363.61
Employee & 2 or more dependents on Basic Plan	\$2,727.12	\$2,181.70	\$545.42
KAISER PERMANENTE - BASIC PLAN B			
Employee on Basic Plan	\$722.50	\$578.00	\$144.50
Employee & 1	\$1,445.00	\$1,156.00	\$289.00
Employee & 2 or more dependents on Basic Plan	\$2,167.50	\$1,734.00	\$433.50
KAISER PERMANENTE - HIGH DEDUCTIBLE PLAN			
Employee on Basic Plan	\$579.96	\$463.97	\$115.99
Employee & 1	\$1,159.92	\$927.94	\$231.98
Employee & 2 or more dependents on Basic Plan	\$1,739.88	\$1,391.91	\$347.97
HEALTH NET SMARTCARE - BASIC PLAN A			
Employee on Basic Plan	\$1,506.10	\$1,204.88	\$301.22
Employee & 1	\$3,012.20	\$2,409.76	\$602.44
Employee & 2 or more dependents on Basic Plan	\$4,518.31	\$3,614.65	\$903.66
HEALTH NET SMARTCARE - BASIC PLAN 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
HEALTH NET PPO PLAN - BASIC PLAN A			
Employee on Basic Plan	\$3,466.90	\$1,804.55	\$1,662.35
Employee & 1	\$6,933.80	\$3,635.76	\$3,298.04
Employee & 2 or more dependents on Basic Plan	\$10,400.70	\$5,369.21	\$5,031.49

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PLAN/COVERAGE DESCRIPTION		2023 TOTAL MONTHLY PREMIUM	2023 LAFCO MONTHLY SUBSIDY	2023 EMPLOYEE MONTHLY SHARE
DELTA DENTAL PREMIER - \$1,800 Annual Maximum				
For CCHP Plans	Employee	\$46.52	\$45.59	\$0.93
	Employee + 1	\$105.08	\$102.98	\$2.10
	Employee + 2 or more	\$105.08	\$102.98	\$2.10
For Health Net Plans	Employee	\$46.52	\$36.29	\$10.23
	Employee + 1	\$105.08	\$81.97	\$23.11
	Employee + 2 or more	\$105.08	\$81.97	\$23.11
For Kaiser Permanente Plans	Employee	\$46.52	\$36.29	\$10.23
	Employee + 1	\$105.08	\$81.96	\$23.12
	Employee + 2 or more	\$105.08	\$81.96	\$23.12
Without a Health Plan	Employee	\$46.52	\$46.51	\$0.01
	Employee + 1	\$105.08	\$105.07	\$0.01
	Employee + 2 or more	\$105.08	\$105.07	\$0.01
DELTA CARE (PMI)				
For CCHP Plans	Employee	\$25.35	\$24.85	\$0.50
	Employee + 1	\$54.78	\$53.69	\$1.09
	Employee + 2 or more	\$54.78	\$53.69	\$1.09
For Health Net Plans	Employee	\$25.35	\$19.78	\$5.57
	Employee + 1	\$54.78	\$42.73	\$12.05
	Employee + 2 or more	\$54.78	\$42.73	\$12.05
For Kaiser Permanente Plans	Employee	\$25.35	\$19.78	\$5.57
	Employee + 1	\$54.78	\$42.73	\$12.05
	Employee + 2 or more	\$54.78	\$42.73	\$12.05
Without a Health Plan	Employee	\$25.35	\$25.34	\$0.01
	Employee + 1	\$54.78	\$54.77	\$0.01
	Employee + 2 or more	\$54.78	\$54.77	\$0.01
VSP VOLUNTARY VISION PLAN				
	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