

**2019 CONTRA COSTA COUNTY  
MONTHLY MEDICAL PLAN PREMIUMS**

**TEMPORARY EMPLOYEES**

<b>PLAN/COVERAGE DESCRIPTION</b>	<b>2019 TOTAL MONTHLY PREMIUM</b>	<b>2019 COUNTY MONTHLY SUBSIDY</b>	<b>2019 EMPLOYEE MONTHLY SHARE</b>
<b>CONTRA COSTA HEALTH PLAN - BASIC PLAN A</b>			
Employee on Basic Plan	\$812.06	\$0.00	\$812.06
Employee & 1	\$1,624.10	\$0.00	\$1,624.10
Employee & 2 or more dependents on Basic Plan	\$2,436.18	\$0.00	\$2,436.18
<b>CONTRA COSTA HEALTH PLAN - BASIC PLAN B</b>			
Employee on Basic Plan	\$900.19	\$0.00	\$900.19
Employee & 1	\$1,800.37	\$0.00	\$1,800.37
Employee & 2 or more dependents on Basic Plan	\$2,700.56	\$0.00	\$2,700.56
<b>CONTRA COSTA HEALTH PLAN A2</b>			
Employee on Basic Plan	\$668.40	\$334.20	\$334.20
Employee & 1	\$1,495.14	\$334.20	\$1,160.94
Employee & 2 or more dependents on Basic Plan	\$1,495.14	\$334.20	\$1,160.94
<b>KAISER PERMANENTE - BASIC PLAN A</b>			
Employee on Basic Plan	\$877.30	\$0.00	\$877.30
Employee & 1	\$1,754.60	\$0.00	\$1,754.60
Employee & 2 or more dependents on Basic Plan	\$2,631.90	\$0.00	\$2,631.90
<b>KAISER PERMANENTE - BASIC PLAN B</b>			
Employee on Basic Plan	\$697.28	\$0.00	\$697.28
Employee & 1	\$1,394.56	\$0.00	\$1,394.56
Employee & 2 or more dependents on Basic Plan	\$2,091.84	\$0.00	\$2,091.84
<b>KAISER PERMANENTE - HIGH DEDUCTIBLE HEALTH PLAN</b>			
Employee on Basic Plan	\$559.68	\$0.00	\$559.68
Employee & 1	\$1,119.36	\$0.00	\$1,119.36
Employee & 2 or more dependents on Basic Plan	\$1,679.04	\$0.00	\$1,679.04
<b>HEALTH NET HMO PLAN - BASIC PLAN A</b>			
Employee on Basic Plan	\$1,677.56	\$0.00	\$1,677.56
Employee & 1	\$3,355.12	\$0.00	\$3,355.12
Employee & 2 or more dependents on Basic Plan	\$5,032.68	\$0.00	\$5,032.68
<b>HEALTH NET HMO PLAN - BASIC PLAN B</b>			
Employee on Basic Plan	\$1,166.55	\$0.00	\$1,166.55
Employee & 1	\$2,333.10	\$0.00	\$2,333.10
Employee & 2 or more dependents on Basic Plan	\$3,499.65	\$0.00	\$3,499.65
<b>HEALTH NET PPO PLAN - BASIC PLAN A</b>			
Employee on PPO Basic Plan	\$2,340.40	\$0.00	\$2,340.40
Employee & 1	\$4,680.80	\$0.00	\$4,680.80
Employee & 2 or more dependents on Basic Plan	\$7,021.20	\$0.00	\$7,021.20

**BARG UNITS 3R**