

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

EMPLOYEES REPRESENTED BY TEAMSTERS LOCAL 856

COBRA PARTICIPANTS

PLAN/COVERAGE DESCRIPTION	2019 TOTAL MONTHLY PREMIUM	MONTHLY ADMIN FEE	PARTICIPANT MONTHLY SHARE
CONTRA COSTA HEALTH PLAN - BASIC PLAN A			
Employee on Basic Plan	\$812.06	\$16.24	\$828.30
Employee & 1	\$1,624.10	\$32.48	\$1,656.58
Employee & 2 or more dependents on Basic Plan	\$2,436.18	\$48.72	\$2,484.90
CONTRA COSTA HEALTH PLAN - BASIC PLAN B			
Employee on Basic Plan	\$900.19	\$18.00	\$918.19
Employee & 1	\$1,800.37	\$36.01	\$1,836.38
Employee & 2 or more dependents on Basic Plan	\$2,700.56	\$54.01	\$2,754.57
KAISER PERMANENTE - BASIC PLAN A			
Employee on Basic Plan	\$877.30	\$17.55	\$894.85
Employee & 1	\$1,754.60	\$35.09	\$1,789.69
Employee & 2 or more dependents on Basic Plan	\$2,631.90	\$52.64	\$2,684.54
KAISER PERMANENTE - BASIC PLAN B			
Employee on Basic Plan	\$697.28	\$13.95	\$711.23
Employee & 1	\$1,394.56	\$27.89	\$1,422.45
Employee & 2 or more dependents on Basic Plan	\$2,091.84	\$41.84	\$2,133.68
KAISER PERMANENTE - HIGH DEDUCTIBLE PLAN			
Employee on Basic Plan	\$559.68	\$11.19	\$570.87
Employee & 1	\$1,119.36	\$22.39	\$1,141.75
Employee & 2 or more dependents on Basic Plan	\$1,679.04	\$33.58	\$1,712.62
TEAMSTERS 856 TRUST FUND KP HEALTH PLAN			
Employee on Basic Plan	\$720.00	\$14.40	\$734.40
Employee & 1	\$1,369.00	\$27.38	\$1,396.38
Employee & 2 or more dependents on Basic Plan	\$1,909.00	\$38.18	\$1,947.18
HEALTH NET HMO PLAN - BASIC PLAN A			
Employee on Basic Plan	\$1,677.56	\$33.55	\$1,711.11
Employee & 1	\$3,355.12	\$67.10	\$3,422.22
Employee & 2 or more dependents on Basic Plan	\$5,032.68	\$100.65	\$5,133.33
HEALTH NET HMO PLAN - BASIC PLAN B			
Employee on Basic Plan	\$1,166.55	\$23.33	\$1,189.88
Employee & 1	\$2,333.10	\$46.66	\$2,379.76
Employee & 2 or more dependents on Basic Plan	\$3,499.65	\$69.99	\$3,569.64
HEALTH NET PPO PLAN - BASIC PLAN A			
Employee on PPO Basic Plan	\$2,340.40	\$46.81	\$2,387.21
Employee & 1	\$4,680.80	\$93.62	\$4,774.42
Employee & 2 or more dependents on Basic Plan	\$7,021.20	\$140.42	\$7,161.62

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PLAN/COVERAGE DESCRIPTION		2019 TOTAL MONTHLY PREMIUM	MONTHLY ADMIN FEE	PARTICIPANT MONTHLY SHARE
DELTA DENTAL PREMIER PPO - \$1,800 Annual Maximum				
For CCHP Plans	Employee	\$46.06	\$0.92	\$46.98
	Employee + 1	\$104.04	\$2.08	\$106.12
	Employee + 2 or more	\$104.04	\$2.08	\$106.12
For Health Net Plans	Employee	\$46.06	\$0.92	\$46.98
	Employee + 1	\$104.04	\$2.08	\$106.12
	Employee + 2 or more	\$104.04	\$2.08	\$106.12
For Kaiser Permanente Plans	Employee	\$46.06	\$0.92	\$46.98
	Employee + 1	\$104.04	\$2.08	\$106.12
	Employee + 2 or more	\$104.04	\$2.08	\$106.12
Without a Health Plan	Employee	\$46.06	\$0.92	\$46.98
	Employee + 1	\$104.04	\$2.08	\$106.12
	Employee + 2 or more	\$104.04	\$2.08	\$106.12
DELTA CARE (HMO)				
For CCHP Plans	Employee	\$29.06	\$0.58	\$29.64
	Employee + 1	\$62.81	\$1.26	\$64.07
	Employee + 2 or more	\$62.81	\$1.26	\$64.07
For Health Net Plans	Employee	\$29.06	\$0.58	\$29.64
	Employee + 1	\$62.81	\$1.26	\$64.07
	Employee + 2 or more	\$62.81	\$1.26	\$64.07
For Kaiser Permanente Plans	Employee	\$29.06	\$0.58	\$29.64
	Employee + 1	\$62.81	\$1.26	\$64.07
	Employee + 2 or more	\$62.81	\$1.26	\$64.07
Without a Health Plan	Employee	\$29.06	\$0.58	\$29.64
	Employee + 1	\$62.81	\$1.26	\$64.07
	Employee + 2 or more	\$62.81	\$1.26	\$64.07
VSP VOLUNTARY VISION PLAN				
	Employee	\$10.08	\$0.20	\$10.28
	Employee + 1	\$20.14	\$0.40	\$20.54
	Employee + 2 or more	\$32.44	\$0.65	\$33.09