

**2025 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>2025 TOTAL MONTHLY PREMIUM</b>	<b>2025 COUNTY MONTHLY SUBSIDY</b>	<b>2025 EMPLOYEE MONTHLY SHARE</b>
<b>CONTRA COSTA HEALTH PLAN - BASIC PLAN A</b>			
Employee on Basic Plan	\$1,262.51	\$1,010.01	\$252.50
Employee & 1	\$2,524.98	\$2,019.98	\$505.00
Employee & 2 or more dependents on Basic Plan	\$3,787.51	\$3,030.01	\$757.50
<b>CONTRA COSTA HEALTH PLAN - BASIC PLAN B</b>			
Employee on Basic Plan	\$1,399.51	\$1,010.01	\$389.50
Employee & 1	\$2,799.00	\$2,019.98	\$779.02
Employee & 2 or more dependents on Basic Plan	\$4,198.53	\$3,030.01	\$1,168.52
<b>KAISER PERMANENTE - BASIC PLAN A</b>			
Employee on Basic Plan	\$977.28	\$977.28	\$0.00
Employee & 1	\$1,954.56	\$1,954.56	\$0.00
Employee & 2 or more dependents on Basic Plan	\$2,931.84	\$2,931.84	\$0.00
<b>KAISER PERMANENTE - BASIC PLAN B</b>			
Employee on Basic Plan	\$776.74	\$776.74	\$0.00
Employee & 1	\$1,553.48	\$1,553.48	\$0.00
Employee & 2 or more dependents on Basic Plan	\$2,330.22	\$2,330.22	\$0.00
<b>KAISER PERMANENTE - HIGH DEDUCTIBLE PLAN</b>			
Employee on Basic Plan	\$623.50	\$623.50	\$0.00
Employee & 1	\$1,247.00	\$1,247.00	\$0.00
Employee & 2 or more dependents on Basic Plan	\$1,870.50	\$1,870.50	\$0.00
<b>TEAMSTERS 856 TRUST FUND KP HEALTH PLAN</b>			
Employee on Basic Plan	\$960.12	\$960.12	\$0.00
Employee & 1	\$1,964.96	\$1,964.96	\$0.00
Employee & 2 or more dependents on Basic Plan	\$2,813.32	\$2,813.32	\$0.00
<b>HEALTH NET SMARTCARE - BASIC PLAN A</b>			
Employee on Basic Plan	\$1,903.38	\$1,010.01	\$893.37
Employee & 1	\$3,806.76	\$2,019.98	\$1,786.78
Employee & 2 or more dependents on Basic Plan	\$5,710.14	\$3,030.01	\$2,680.13
<b>HEALTH NET SMARTCARE - BASIC PLAN B</b>			
Employee on Basic Plan	\$1,273.48	\$1,010.01	\$263.47
Employee & 1	\$2,546.95	\$2,019.98	\$526.97
Employee & 2 or more dependents on Basic Plan	\$3,820.43	\$3,030.01	\$790.42
<b>HEALTH NET PPO PLAN - BASIC PLAN A</b>			
Employee on PPO Basic Plan	\$4,095.28	\$1,010.01	\$3,085.27
Employee & 1	\$8,190.56	\$2,019.98	\$6,170.58
Employee & 2 or more dependents on Basic Plan	\$12,285.84	\$3,030.01	\$9,255.83

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PLAN/COVERAGE DESCRIPTION		2025 TOTAL MONTHLY PREMIUM	2025 COUNTY MONTHLY SUBSIDY	2025 EMPLOYEE MONTHLY SHARE
<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	\$24.17	\$24.17	\$0.00
	Employee + 1	\$52.23	\$52.23	\$0.00
	Employee + 2 or more	\$52.23	\$52.23	\$0.00
For Health Net Plans	Employee	\$24.17	\$21.31	\$2.86
	Employee + 1	\$52.23	\$46.05	\$6.18
	Employee + 2 or more	\$52.23	\$46.05	\$6.18
For Kaiser Permanente Plans	Employee	\$24.17	\$21.31	\$2.86
	Employee + 1	\$52.23	\$46.05	\$6.18
	Employee + 2 or more	\$52.23	\$46.05	\$6.18
Without a Health Plan	Employee	\$24.17	\$24.17	\$0.00
	Employee + 1	\$52.23	\$52.23	\$0.00
	Employee + 2 or more	\$52.23	\$52.23	\$0.00
<b>VSP VOLUNTARY VISION PLAN</b>				
	Employee	\$8.55	\$0.00	\$8.55
	Employee + 1	\$17.10	\$0.00	\$17.10
	Employee + 2 or more	\$27.54	\$0.00	\$27.54