

2026 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

PLAN/COVERAGE DESCRIPTION	TOTAL MONTHLY PREMIUM	COUNTY MONTHLY SUBSIDY	EMPLOYEE MONTHLY SHARE
CONTRA COSTA HEALTH PLAN - BASIC PLAN A			
Employee on Basic Plan	\$1,357.37	\$1,085.90	\$271.47
Employee & 1	\$2,714.69	\$2,171.76	\$542.93
Employee & 2 or more dependents on Basic Plan	\$4,072.08	\$3,257.67	\$814.41
CONTRA COSTA HEALTH PLAN - BASIC PLAN B			
Employee on Basic Plan	\$1,504.66	\$1,085.90	\$418.76
Employee & 1	\$3,009.30	\$2,171.76	\$837.54
Employee & 2 or more dependents on Basic Plan	\$4,513.98	\$3,257.67	\$1,256.31
KAISER PERMANENTE - BASIC PLAN A			
Employee on Basic Plan	\$1,072.22	\$1,072.22	\$0.00
Employee & 1	\$2,144.44	\$2,144.44	\$0.00
Employee & 2 or more dependents on Basic Plan	\$3,216.66	\$3,216.66	\$0.00
KAISER PERMANENTE - BASIC PLAN B			
Employee on Basic Plan	\$852.18	\$852.18	\$0.00
Employee & 1	\$1,704.36	\$1,704.36	\$0.00
Employee & 2 or more dependents on Basic Plan	\$2,556.54	\$2,556.54	\$0.00
KAISER PERMANENTE - HIGH DEDUCTIBLE PLAN			
Employee on Basic Plan	\$684.16	\$684.16	\$0.00
Employee & 1	\$1,368.32	\$1,368.32	\$0.00
Employee & 2 or more dependents on Basic Plan	\$2,052.48	\$2,052.48	\$0.00
TEAMSTERS 856 TRUST FUND KP HEALTH PLAN			
Employee on Basic Plan	\$1,056.13	\$1,056.13	\$0.00
Employee & 1	\$2,161.46	\$2,161.46	\$0.00
Employee & 2 or more dependents on Basic Plan	\$3,094.65	\$3,094.65	\$0.00
HEALTH NET SMARTCARE - BASIC PLAN A			
Employee on Basic Plan	\$2,079.44	\$1,085.90	\$993.54
Employee & 1	\$4,158.88	\$2,171.76	\$1,987.12
Employee & 2 or more dependents on Basic Plan	\$6,238.32	\$3,257.67	\$2,980.65
HEALTH NET SMARTCARE - BASIC PLAN B			
Employee on Basic Plan	\$1,391.28	\$1,085.90	\$305.38
Employee & 1	\$2,782.56	\$2,171.76	\$610.80
Employee & 2 or more dependents on Basic Plan	\$4,173.84	\$3,257.67	\$916.17
HEALTH NET PPO PLAN - BASIC PLAN A			
Employee on PPO Basic Plan	\$4,601.05	\$1,085.90	\$3,515.15
Employee & 1	\$9,202.10	\$2,171.76	\$7,030.34
Employee & 2 or more dependents on Basic Plan	\$13,803.15	\$3,257.67	\$10,545.48

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PLAN/COVERAGE DESCRIPTION		TOTAL MONTHLY PREMIUM	COUNTY MONTHLY SUBSIDY	EMPLOYEE MONTHLY SHARE
DELTA DENTAL PREMIER PPO - \$1,800 Annual Maximum				
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
DELTA CARE (HMO)				
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
VSP VOLUNTARY VISION PLAN				
	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