

2024 CONTRA COSTA COUNTY (DRAFT)
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	2024 TOTAL MONTHLY PREMIUM	2024 COUNTY MONTHLY SUBSIDY	2024 EMPLOYEE MONTHLY SHARE
CONTRA COSTA HEALTH PLAN - BASIC PLAN A			
Employee on Basic Plan	\$1,185.45	\$947.62	\$237.83
Employee & 1	\$2,370.85	\$1,895.24	\$475.61
Employee & 2 or more dependents on Basic Plan	\$3,556.32	\$2,842.85	\$713.47
CONTRA COSTA HEALTH PLAN - BASIC PLAN B			
Employee on Basic Plan	\$1,314.08	\$947.62	\$366.46
Employee & 1	\$2,628.15	\$1,895.24	\$732.91
Employee & 2 or more dependents on Basic Plan	\$3,942.25	\$2,842.85	\$1,099.40
KAISER PERMANENTE - BASIC PLAN A			
Employee on Basic Plan	\$945.36	\$945.36	\$0.00
Employee & 1	\$1,890.72	\$1,890.72	\$0.00
Employee & 2 or more dependents on Basic Plan	\$2,836.08	\$2,836.08	\$0.00
KAISER PERMANENTE - BASIC PLAN B			
Employee on Basic Plan	\$751.38	\$751.38	\$0.00
Employee & 1	\$1,502.76	\$1,502.76	\$0.00
Employee & 2 or more dependents on Basic Plan	\$2,254.14	\$2,254.14	\$0.00
KAISER PERMANENTE - HIGH DEDUCTIBLE PLAN			
Employee on Basic Plan	\$603.14	\$603.14	\$0.00
Employee & 1	\$1,206.28	\$1,206.28	\$0.00
Employee & 2 or more dependents on Basic Plan	\$1,809.42	\$1,809.42	\$0.00
TEAMSTERS 856 TRUST FUND KP HEALTH PLAN			
Employee on Basic Plan	\$872.84	\$872.84	\$0.00
Employee & 1	\$1,786.32	\$1,786.32	\$0.00
Employee & 2 or more dependents on Basic Plan	\$2,557.56	\$2,557.56	\$0.00
HEALTH NET SMARTCARE - BASIC PLAN A			
Employee on Basic Plan	\$1,770.42	\$947.62	\$822.80
Employee & 1	\$3,540.84	\$1,895.24	\$1,645.60
Employee & 2 or more dependents on Basic Plan	\$5,311.26	\$2,842.85	\$2,468.41
HEALTH NET SMARTCARE - BASIC PLAN B			
Employee on Basic Plan	\$1,184.52	\$947.62	\$236.90
Employee & 1	\$2,369.04	\$1,895.24	\$473.80
Employee & 2 or more dependents on Basic Plan	\$3,553.56	\$2,842.85	\$710.71
HEALTH NET PPO PLAN - BASIC PLAN A			
Employee on PPO Basic Plan	\$3,640.25	\$947.62	\$2,692.63
Employee & 1	\$7,280.50	\$1,895.24	\$5,385.26
Employee & 2 or more dependents on Basic Plan	\$10,920.75	\$2,842.85	\$8,077.90

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PLAN/COVERAGE DESCRIPTION		2024 TOTAL MONTHLY PREMIUM	2024 COUNTY MONTHLY SUBSIDY	2024 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	\$9.00	\$0.00	\$9.00
	Employee + 1	\$17.99	\$0.00	\$17.99
	Employee + 2 or more	\$28.98	\$0.00	\$28.98