

Health Plans	Your healthcare cost right now per month:	The amount you will pay without this agreement in 2016:	This is monthly increase of:	Your cost with this agreement in 2016:	This is a monthly savings of:	The amount you will save with this agreement in 2016 from what you will pay without this agreement:
Contra Costa Health Plan(CCHP) A Employee Only	\$144.52	\$199.14	\$54.62	\$126.52	\$18.00	\$72.62
CCHP A Employee + 1	\$344.34	\$474.47	\$130.13	\$264.34	\$80.00	\$210.13
CCHP A Employee + 2 or more (Family)	\$344.34	\$474.47	\$130.13	\$324.34	\$20.00	\$150.13
CCHP B Employee Only	\$196.96	\$257.51	\$60.55	\$178.96	\$18.00	\$78.55
CCHP B Employee + 1	\$468.12	\$611.98	\$143.86	\$388.12	\$80.00	\$223.86
CCHP B Employee + Family	\$468.12	\$611.98	\$143.86	\$448.12	\$20.00	\$163.86
Kaiser (K) HMO A Employee Only	\$332.42	\$340.52	\$8.10	\$314.42	\$18.00	\$26.10
K A Employee + 1	\$775.64	\$794.53	\$18.89	\$695.64	\$80.00	\$98.89
K A Employee + Family	\$775.60	\$794.49	\$18.89	\$755.60	\$20.00	\$38.89
K B Employee Only	\$158.64	\$177.72	\$19.08	\$140.64	\$18.00	\$37.08
K B Employee + 1	\$369.68	\$414.11	\$44.43	\$289.68	\$80.00	\$124.43
K B Employee + Family	\$369.64	\$414.11	\$44.47	\$349.64	\$20.00	\$64.47
Health Net (HN) HMO A Employee Only	\$557.42	\$667.01	\$109.59	\$539.42	\$18.00	\$127.59
HN HMO A Employee + 1	\$1,366.18	\$1,635.00	\$268.82	\$1,286.18	\$80.00	\$348.82
HM HMO A Employee + Family	\$1,366.18	\$1,635.00	\$268.82	\$1,346.18	\$20.00	\$288.82
HN HMO B Employee Only	\$196.54	\$272.74	\$76.20	\$178.54	\$18.00	\$94.20
HN HMO B Employee + 1	\$480.90	\$667.84	\$186.94	\$400.90	\$80.00	\$266.94
HN HMO B Employee + Family	\$480.90	\$667.84	\$186.94	\$460.90	\$20.00	\$206.94
HN PPO A Employee Only	\$915.46	\$1,094.92	\$179.46	\$915.46	-\$0.00	\$179.46
HN PPO A Employee + 1	\$2,174.77	\$2,601.09	\$426.32	\$2,174.77	-\$0.00	\$426.32
HN PPO A Employee + Family	\$2,174.77	\$2,601.09	\$426.32	\$2,174.77	\$0.00	\$426.32
HN PPO B Employee Only	\$757.83	\$925.39	\$167.56	\$763.83	-\$6.00	\$161.56
HN PPO B Employee + 1	\$1,814.54	\$2,198.33	\$383.79	\$1,814.54	\$0.00	\$383.79
HN PPO B Employee + Family	\$1,814.54	\$2,198.33	\$383.79	\$1,814.54	\$0.00	\$383.79
Kaiser High Deductible Plan (HDHP) Employee Only	n/a	n/a	n/a	\$23.06	n/a	n/a
K HDHP Employee + 1	n/a	n/a	n/a	\$23.49	n/a	n/a
K HDHP Employee + Family	n/a	n/a	n/a	\$22.92	n/a	n/a