

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

**SURVIVORS OF RETIREES REPRESENTED BY CALIFORNIA NURSES ASSOCIATION  
AT THE TIME OF RETIREMENT**

<b>PLAN COVERAGE DESCRIPTION</b>	<b>2019 TOTAL MONTHLY PREMIUM</b>	<b>MONTHLY ADMIN FEE</b>	<b>2019 SURVIVOR MONTHLY SHARE</b>
<b>CONTRA COSTA HEALTH PLAN A - BASIC PLAN</b>			
Survivor on Basic Plan	\$876.31	\$3.22	\$879.53
Survivor & 1 or more dependents on Basic Plan	\$2,087.84	\$3.22	\$2,091.06
<b>CONTRA COSTA HEALTH PLAN A - MEDICARE COORDINATION OF BENEFITS (COB) PLAN</b>			
Survivor on Medicare COB Plan	\$403.04	\$3.22	\$406.26
Survivor & 1 dependent on Medicare COB Plan A	\$806.09	\$3.22	\$809.31
<b>COMBINATION OF CONTRA COSTA HEALTH PLAN A - BASIC PLAN &amp; MEDICARE COB PLAN</b>			
Survivor on Medicare COB Plan and 1 or more dependents on Basic Plan	\$1,289.74	\$3.22	\$1,292.96
Survivor & 1 dependent on Medicare COB Plan and 1 or more dependents on Basic Plan	\$1,209.13	\$3.22	\$1,212.35
Survivor on Basic Plan and 1 dependent on Medicare COB Plan	\$1,289.74	\$3.22	\$1,292.96
Survivor on Basic Plan and 2 or more dependents on Medicare COB Plan	\$1,209.13	\$3.22	\$1,212.35
Survivor & 1 dependent on Basic Plan and 1 or more dependents on Medicare COB Plan	\$1,289.74	\$3.22	\$1,292.96
<b>CONTRA COSTA HEALTH PLAN B - BASIC PLAN</b>			
Survivor on Basic Plan	\$971.40	\$3.22	\$974.62
Survivor & 1 or more dependents on Basic Plan	\$2,308.20	\$3.22	\$2,311.42
<b>CONTRA COSTA HEALTH PLAN B - MEDICARE COORDINATION OF BENEFITS (COB) PLAN</b>			
Survivor on Medicare COB Plan	\$415.13	\$3.22	\$418.35
Survivor & 1 dependent on Medicare COB Plan A	\$830.27	\$3.22	\$833.49
<b>COMBINATION OF CONTRA COSTA HEALTH PLAN B - BASIC PLAN &amp; MEDICARE COB PLAN</b>			
Survivor on Medicare COB Plan and 1 or more dependents on Basic Plan	\$1,328.43	\$3.22	\$1,331.65
Survivor & 1 dependent on Medicare COB Plan and 1 or more dependents on Basic Plan	\$1,245.40	\$3.22	\$1,248.62
Survivor on Basic Plan and 1 dependent on Medicare COB Plan	\$1,328.43	\$3.22	\$1,331.65
Survivor on Basic Plan and 2 or more dependents on Medicare COB Plan	\$1,245.40	\$3.22	\$1,248.62
Survivor & 1 dependent on Basic Plan and 1 or more dependents on Medicare COB Plan	\$1,328.43	\$3.22	\$1,331.65

PLAN COVERAGE DESCRIPTION	2019 TOTAL MONTHLY PREMIUM	MONTHLY ADMIN FEE	2019 SURVIVOR MONTHLY SHARE
<b>KAISER PERMANENTE - BASIC PLAN A</b>			
Survivor on Basic Plan A	\$958.66	\$3.22	\$961.88
Survivor & 1 or more dependents on Basic Plan A	\$2,233.68	\$3.22	\$2,236.90
<b>KAISER PERMANENTE SENIOR ADVANTAGE (KPSA) PLAN A</b>			
Survivor on KPSA Plan A	\$368.54	\$3.22	\$371.76
Survivor & 1 dependent on KPSA Plan A	\$995.39	\$3.22	\$998.61
Survivor & 2 dependents on KPSA Plan A	\$995.39	\$3.22	\$998.61
<b>COMBINATION OF KAISER BASIC PLAN A AND KPSA PLAN A</b>			
Survivor on KPSA Plan A, and, 1 or more dependents on Basic Plan A	\$1,643.56	\$3.22	\$1,646.78
Survivor & 1 or more dependents on Basic Plan A, and, 1 dependent on KPSA Plan A	\$1,585.51	\$3.22	\$1,588.73

<b>KAISER PERMANENTE - BASIC PLAN B</b>			
Survivor on Basic Plan B	\$781.64	\$3.22	\$784.86
Survivor & 1 or more dependents on Basic Plan B	\$1,821.23	\$3.22	\$1,824.45
<b>KAISER PERMANENTE SENIOR ADVANTAGE (KPSA) PLAN B</b>			
Survivor on KPSA Plan B	\$279.40	\$3.22	\$282.62
Survivor & 1 dependent on KPSA Plan B	\$754.47	\$3.22	\$757.69
Survivor & 2 dependents on KPSA Plan B	\$754.47	\$3.22	\$757.69
<b>COMBINATION OF KAISER BASIC PLAN B AND KPSA PLAN B</b>			
Survivor on KPSA Plan B, and, 1 or more dependents on Basic Plan B	\$1,318.99	\$3.22	\$1,322.21
Survivor & 1 or more dependents on Basic Plan B, and, 1 dependent on KPSA Plan B	\$1,256.71	\$3.22	\$1,259.93

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<b>HEALTH NET HMO PLAN - BASIC PLAN A</b>			
Survivor on Basic Plan A	\$1,796.27	\$3.22	\$1,799.49
Survivor & 1 or more dependents on Basic Plan A	\$4,400.86	\$3.22	\$4,404.08
<b>HEALTH NET SENIORITY PLUS (HNSP) PLAN A</b>			
Survivor on HNSP Plan A	\$595.96	\$3.22	\$599.18
Survivor & 1 dependent on HNSP Plan A	\$1,191.92	\$3.22	\$1,195.14
Survivor & 2 dependents on HNSP Plan A	\$1,787.88	\$3.22	\$1,791.10
<b>COMBINATION OF HEALTH NET BASIC PLAN A AND HEALTH NET SENIORITY PLUS PLAN A (HNSP)</b>			
Survivor on HNSP Plan A, and, 1 dependent on Basic Plan A	\$2,392.23	\$3.22	\$2,395.45
Survivor on HNSP Plan A, and, 2 dependents on Basic Plan A	\$3,200.55	\$3.22	\$3,203.77
Survivor & 1 dependent on HNSP Plan A, and, 1 dependent on Basic Plan A	\$2,988.19	\$3.22	\$2,991.41
Survivor on Basic Plan A, and, 1 dependent on HNSP Plan A	\$2,392.23	\$3.22	\$2,395.45
Survivor & 1 dependent on Basic Plan A, and, 1 dependent on HNSP Plan A	\$3,200.55	\$3.22	\$3,203.77
<b>HEALTH NET HMO PLAN - BASIC PLAN B</b>			
Survivor on Basic Plan B	\$1,249.09	\$3.22	\$1,252.31
Survivor & 1 or more dependents on Basic Plan B	\$3,060.27	\$3.22	\$3,063.49
<b>HEALTH NET SENIORITY PLUS (HNSP) PLAN B</b>			
Survivor on HNSP Plan B	\$500.31	\$3.22	\$503.53
Survivor & 1 dependent on HNSP Plan B	\$1,000.62	\$3.22	\$1,003.84
Survivor & 2 dependents on HNSP Plan B	\$1,500.93	\$3.22	\$1,504.15
<b>COMBINATION OF HEALTH NET BASIC PLAN B AND HEALTH NET SENIORITY PLUS PLAN B (HNSP)</b>			
Survivor on HNSP Plan B, and, 1 dependent on Basic Plan B	\$1,749.40	\$3.22	\$1,752.62
Survivor on HNSP Plan B, and, 2 dependents on Basic Plan B	\$2,311.49	\$3.22	\$2,314.71
Survivor & 1 dependent on HNSP Plan B, and, 1 dependent on Basic Plan B	\$2,249.71	\$3.22	\$2,252.93
Survivor on Basic Plan B, and, 1 dependent on HNSP Plan B	\$1,749.40	\$3.22	\$1,752.62
Survivor & 1 dependent on Basic Plan B, and, 1 dependent on HNSP Plan B	\$2,311.49	\$3.22	\$2,314.71

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<b>PLAN COVERAGE DESCRIPTION</b>	<b>2019 TOTAL MONTHLY PREMIUM</b>	<b>MONTHLY ADMIN FEE</b>	<b>2019 SURVIVOR MONTHLY SHARE</b>
<b>HEALTH NET MEDICARE COORDINATION OF BENEFITS PLAN A (HNCOB)</b>			
Survivor on HNCOB Plan	\$877.90	\$3.22	\$881.12
Survivor & 1 dependent (2 on HNCOB)	\$1,755.80	\$3.22	\$1,759.02
Survivor & 2 dependents (3 on HNCOB)	\$2,633.70	\$3.22	\$2,636.92
<b>COMBINATION OF HEALTH NET BASIC PLAN A AND HEALTH NET COORDINATION OF BENEFITS PLAN (HNCOB)</b>			
Survivor on HNCOB, and, 1 dependent on Basic Plan A	\$2,674.17	\$3.22	\$2,677.39
Survivor on Basic Plan A, and, 1 dependent on HNCOB	\$2,674.17	\$3.22	\$2,677.39
Survivor on HNCOB, and, 2 dependents on HN Basic Plan A	\$3,482.49	\$3.22	\$3,485.71
Survivor & 1 dependent on HNCOB, and, 1 dependent on Basic Plan A	\$3,552.07	\$3.22	\$3,555.29
Survivor on Basic Plan A, and 2 dependents on HNCOB	\$3,552.07	\$3.22	\$3,555.29
<b>COMBINATION OF HEALTH NET SENIORITY PLUS PLAN A (HNSP) AND COORDINATION OF BENEFITS (COB)</b>			
Survivor on HNSP Plan A, and, 1 dependent on Health Net Coordination of Benefits (COB) Plan	\$1,473.86	\$3.22	\$1,477.08
Survivor on Health Net Coordination of Benefits (COB) Plan, and, 1 dependent on HNSP Plan A	\$1,473.86	\$3.22	\$1,477.08
<b>HEALTH NET MEDICARE COORDINATION OF BENEFITS PLAN B (HNCOB)</b>			
Survivor on HNCOB Plan	\$816.21	\$3.22	\$819.43
Survivor & 1 dependent (2 on HNCOB)	\$1,632.42	\$3.22	\$1,635.64
Survivor & 2 dependents (3 on HNCOB)	\$2,448.63	\$3.22	\$2,451.85
<b>COMBINATION OF HEALTH NET BASIC PLAN B AND HEALTH NET COORDINATION OF BENEFITS PLAN (HNCOB)</b>			
Survivor on HNCOB, and, 1 dependent on Basic Plan B	\$2,065.30	\$3.22	\$2,068.52
Survivor on Basic Plan B, and, 1 dependent on HNCOB	\$2,065.30	\$3.22	\$2,068.52
Survivor on HNCOB, and, 2 dependents on HN Basic Plan B	\$2,627.39	\$3.22	\$2,630.61
Survivor & 1 dependent on HNCOB, and, 1 dependent on Basic Plan B	\$2,881.51	\$3.22	\$2,884.73
Survivor on Basic Plan B, and 2 dependents on HNCOB	\$2,881.51	\$3.22	\$2,884.73
<b>COMBINATION OF HEALTH NET SENIORITY B PLUS (HNSP) AND COORDINATION OF BENEFITS (COB) PLANS</b>			
Survivor on HNSP Plan B, and, 1 dependent on Health Net Coordination of Benefits (COB) Plan	\$1,316.52	\$3.22	\$1,319.74
Survivor on Health Net Coordination of Benefits (COB) Plan, and, 1 dependent on HNSP Plan B	\$1,316.52	\$3.22	\$1,319.74

PLAN COVERAGE DESCRIPTION	2019 TOTAL MONTHLY PREMIUM	MONTHLY ADMIN FEE	2019 SURVIVOR MONTHLY SHARE
<b>HEALTH NET CA &amp; OOS PPO PLAN - BASIC PLAN</b>			
Survivor on PPO Basic Plan	\$2,420.31	\$3.22	\$2,423.53
Survivor & 1 or more dependents on PPO Basic Plan	\$5,760.34	\$3.22	\$5,763.56
<b>HEALTH NET CA &amp; OOS PPO PLAN WITH MEDICARE PARTS A &amp; B</b>			
Survivor on PPO Medicare Plan	\$1,201.53	\$3.22	\$1,204.75
Survivor & 1 dependent on PPO Medicare Plan	\$2,403.06	\$3.22	\$2,406.28
Survivor & 2 dependents on PPO Medicare Plan	\$3,604.59	\$3.22	\$3,607.81
<b>COMBINATION OF HEALTH NET CA &amp; OOS PPO PLAN - BASIC PLAN &amp; PPO MEDICARE PLAN</b>			
Survivor on PPO Medicare Plan and 1 dependent on PPO Basic Plan	\$3,621.84	\$3.22	\$3,625.06
Survivor on PPO Basic Plan and 1 dependent on PPO Medicare Plan	\$3,621.84	\$3.22	\$3,625.06
Survivor & 1 dependent on PPO Medicare Plan and 1 dependent on PPO Basic Plan	\$4,823.37	\$3.22	\$4,826.59
Survivor on PPO Basic Plan and 2 dependents on PPO Medicare Plan	\$4,823.37	\$3.22	\$4,826.59

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<b>DELTA DENTAL PREMIER PPO - \$1,800 ANNUAL BENEFIT</b>				
For CCHP Plans	Survivor	\$46.06	\$0.00	\$46.06
	Family	\$104.04	\$0.00	\$104.04
For Health Net Plans	Survivor	\$46.06	\$0.00	\$46.06
	Family	\$104.04	\$0.00	\$104.04
For Kaiser Permanente Plans	Survivor	\$46.06	\$0.00	\$46.06
	Family	\$104.04	\$0.00	\$104.04
Without a Health Plan	Survivor	\$46.06	\$3.22	\$49.28
	Family	\$104.04	\$3.22	\$107.26

<b>DELTA CARE (HMO)</b>				
For CCHP Plans	Survivor	\$29.06	\$0.00	\$29.06
	Family	\$62.81	\$0.00	\$62.81
For Health Net Plans	Survivor	\$29.06	\$0.00	\$29.06
	Family	\$62.81	\$0.00	\$62.81
For Kaiser Permanente Plans	Survivor	\$29.06	\$0.00	\$29.06
	Family	\$62.81	\$0.00	\$62.81
Without a Health Plan	Survivor	\$29.06	\$3.22	\$32.28
	Family	\$62.81	\$3.22	\$66.03