

2019 CONTRA COSTA COUNTY
MONTHLY MEDICAL AND DENTAL PREMIUMS

RSG SETTLEMENT CLASS RETIRED ON OR BEFORE DECEMBER 31, 2015

PLAN/COVERAGE DESCRIPTION	2019 TOTAL MONTHLY PREMIUM	2019 COUNTY SUBSIDY	2019 RETIREE MONTHLY SHARE
CONTRA COSTA HEALTH PLAN - BASIC PLAN A			
Retiree on Basic Plan A	\$812.06	\$509.92	\$302.14
Retiree & 1 dependent on Basic Plan A	\$1,624.10	\$1,214.90	\$409.20
Retiree & 2 or more dependents on Basic Plan A	\$2,436.18	\$1,364.90	\$1,071.28
CONTRA COSTA HEALTH PLAN - MEDICARE COORDINATION OF BENEFITS (COB) PLAN A			
Retiree on Medicare COB Plan A	\$403.04	\$403.03	\$0.01
Retiree & 1 dependent on Medicare COB Plan A	\$806.09	\$806.08	\$0.01
Retiree & 2 dependents on Medicare COB Plan A	\$1,209.13	\$840.54	\$368.59
COMBINATION OF CONTRA COSTA HEALTH PLAN - BASIC PLAN A & MEDICARE COB PLAN A			
Retiree on Medicare COB Plan A, and, 1 or more dependents on Basic Plan A	\$1,289.74	\$1,125.25	\$164.49
Retiree & 1 dependent on Medicare COB Plan A, and, 1 or more dependents on Basic Plan A	\$1,209.13	\$1,035.60	\$173.53
Retiree on Basic Plan A, and, 1 dependent on Medicare COB Plan A	\$1,289.74	\$1,125.25	\$164.49
Retiree on Basic Plan A, and, 2 or more dependents on Medicare COB Plan A	\$1,209.13	\$1,035.60	\$173.53
Retiree & 1 dependent on Basic Plan A, and, 1 dependent on Medicare COB Plan A	\$1,289.74	\$1,125.25	\$164.49
CONTRA COSTA HEALTH PLAN - BASIC PLAN B			
Retiree on Basic Plan B	\$900.19	\$528.50	\$371.69
Retiree & 1 dependent on Basic Plan B	\$1,800.37	\$1,255.79	\$544.58
Retiree & 2 or more dependents on Basic Plan B	\$2,700.56	\$1,405.79	\$1,294.77
CONTRA COSTA HEALTH PLAN - MEDICARE COORDINATION OF BENEFITS (COB) PLAN B			
Retiree on Medicare COB Plan B	\$415.13	\$415.12	\$0.01
Retiree & 1 dependent on Medicare COB Plan B	\$830.27	\$830.26	\$0.01
Retiree & 2 dependents on Medicare COB Plan B	\$1,245.40	\$889.26	\$356.14
COMBINATION OF CONTRA COSTA HEALTH PLAN - BASIC PLAN B & MEDICARE COB PLAN B			
Retiree on Medicare COB Plan B, and, 1 or more dependents on Basic Plan B	\$1,328.43	\$1,171.93	\$156.50
Retiree & 1 dependent on Medicare COB Plan B, and, 1 or more dependents on Basic Plan B	\$1,245.40	\$1,088.06	\$157.34
Retiree on Basic Plan B, and, 1 dependent on Medicare COB Plan B	\$1,328.43	\$1,171.93	\$156.50
Retiree on Basic Plan B, and, 2 or more dependents on Medicare COB Plan B	\$1,245.40	\$1,088.06	\$157.34
Retiree & 1 dependent on Basic Plan B, and, 1 dependent on Medicare COB Plan B	\$1,328.43	\$1,171.93	\$156.50

2019 CONTRA COSTA COUNTY
MONTHLY MEDICAL AND DENTAL PREMIUMS

PLAN/COVERAGE DESCRIPTION	2019 TOTAL MONTHLY PREMIUM	2019 COUNTY SUBSIDY	2019 RETIREE MONTHLY SHARE
KAISER PERMANENTE - BASIC PLAN A			
Retiree on Basic Plan A	\$877.30	\$478.91	\$398.39
Retiree & 1 dependent on Basic Plan A	\$1,754.60	\$1,115.84	\$638.76
Retiree & 2 or more dependents on Basic Plan A	\$2,631.90	\$1,265.84	\$1,366.06
KAISER PERMANENTE SENIOR ADVANTAGE (KPSA) PLAN A			
Retiree on KPSA Plan A	\$368.50	\$263.94	\$104.56
Retiree & 1 dependent on KPSA Plan A	\$994.77	\$712.79	\$281.98
Retiree & 2 dependents on KPSA Plan A	\$994.77	\$994.76	\$0.01
COMBINATION OF KAISER BASIC PLAN A AND KPSA PLAN A			
Retiree on KPSA Plan A, and, 1 dependent on Basic Plan A	\$1,245.80	\$945.58	\$300.22
Retiree on Basic Plan A, and, 1 dependent on KPSA Plan A	\$1,503.57	\$945.58	\$557.99
Retiree on KPSA Plan A, and, 2 or more dependents on Basic Plan A	\$2,123.10	\$945.58	\$1,177.52
Retiree & 1 dependent on KPSA Plan A, and, 1 or more dependent on Basic Plan A	\$1,872.07	\$945.58	\$926.49
Retiree & 1 or more dependents on Basic Plan A, and, 1 dependent on KPSA Plan A	\$2,380.87	\$945.58	\$1,435.29
KAISER PERMANENTE - BASIC PLAN B			
Retiree on Basic Plan B	\$697.28	\$478.91	\$218.37
Retiree & 1 dependent on Basic Plan B	\$1,394.56	\$1,115.84	\$278.72
Retiree & 2 or more dependents on Basic Plan B	\$2,091.84	\$1,265.84	\$826.00
KAISER PERMANENTE SENIOR ADVANTAGE (KPSA) PLAN B			
Retiree on KPSA Plan B	\$279.36	\$263.94	\$15.42
Retiree & 1 dependent on KPSA Plan B	\$753.85	\$712.79	\$41.06
Retiree & 2 dependents on KPSA Plan B	\$753.85	\$753.84	\$0.01
COMBINATION OF KAISER BASIC PLAN B AND KPSA PLAN B			
Retiree on KPSA Plan B, and, 1 dependent on Basic Plan B	\$976.64	\$945.58	\$31.06
Retiree on Basic Plan B, and, 1 dependent on KPSA Plan B	\$1,171.77	\$945.58	\$226.19
Retiree on KPSA Plan B, and, 2 or more dependents on Basic Plan B	\$1,673.92	\$945.58	\$728.34
Retiree & 1 dependent on KPSA Plan B, and, 1 or more dependent on Basic Plan B	\$1,451.13	\$945.58	\$505.55
Retiree & 1 or more dependents on Basic Plan B, and, 1 dependent on KPSA Plan B	\$1,869.05	\$945.58	\$923.47

2019 CONTRA COSTA COUNTY
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PLAN/COVERAGE DESCRIPTION	2019 TOTAL MONTHLY PREMIUM	2019 COUNTY SUBSIDY	2019 RETIREE MONTHLY SHARE
KAISER HIGH DEDUCTIBLE			
Retiree on Basic Plan	\$559.68	\$478.91	\$80.77
Retiree & 1 dependent on Basic Plan	\$1,119.36	\$1,115.84	\$3.52
Retiree & 2 or more dependents on Basic Plan	\$1,679.04	\$1,265.84	\$413.20
TEAMSTERS 856 TRUST FUND KP HEALTH PLAN			
Retiree on Basic Plan	\$720.00	\$478.91	\$241.09
Retiree & 1 dependent on Basic Plan	\$1,369.00	\$1,115.84	\$253.16
Retiree & 2 or more dependents on Basic Plan	\$1,909.00	\$1,265.84	\$643.16
HEALTH NET HMO PLAN - BASIC PLAN A			
Retiree on Basic Plan A	\$1,677.56	\$627.79	\$1,049.77
Retiree & 1 dependent on Basic Plan A	\$3,355.12	\$1,540.02	\$1,815.10
Retiree & 2 or more dependents on Basic Plan A	\$5,032.68	\$1,690.02	\$3,342.66
HEALTH NET SENIORITY PLUS (HNSP) PLAN A			
Retiree on HNSP Plan A	\$595.96	\$409.69	\$186.27
Retiree & 1 dependent on HNSP Plan A	\$1,191.92	\$819.38	\$372.54
Retiree & 2 dependents on HNSP Plan A	\$1,787.88	\$1,229.07	\$558.81
COMBINATION OF HEALTH NET BASIC PLAN A AND HEALTH NET SENIORITY PLUS PLAN A (HNSP)			
Retiree on HNSP Plan A, and, 1 dependent on Basic Plan A	\$2,273.52	\$1,068.49	\$1,205.03
Retiree on HNSP Plan A, and, 2 dependents on Basic Plan A	\$3,951.08	\$1,949.71	\$2,001.37
Retiree on HNSP Plan A, and, 3 dependents on Basic Plan A	\$3,951.08	\$1,949.71	\$2,001.37
Retiree & 1 dependent on HNSP Plan A, and, 1 dependent on Basic Plan A	\$2,869.48	\$1,509.13	\$1,360.35
Retiree on Basic Plan A, and, 1 dependent on HNSP Plan A	\$2,273.52	\$1,068.49	\$1,205.03
Retiree & 1 dependent on Basic Plan A, and, 1 dependent on HNSP Plan A	\$3,951.08	\$1,949.71	\$2,001.37

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PLAN/COVERAGE DESCRIPTION	2019 TOTAL MONTHLY PREMIUM	2019 COUNTY SUBSIDY	2019 RETIREE MONTHLY SHARE
HEALTH NET HMO PLAN - BASIC PLAN B			
Retiree on Basic Plan B	\$1,166.55	\$627.79	\$538.76
Retiree & 1 dependent on Basic Plan B	\$2,333.10	\$1,540.02	\$793.08
Retiree & 2 or more dependents on Basic Plan B	\$3,499.65	\$1,690.02	\$1,809.63
HEALTH NET SENIORITY PLUS (HNSP) PLAN B			
Retiree on HNSP Plan B	\$500.31	\$409.69	\$90.62
Retiree & 1 dependent on HNSP Plan B	\$1,000.62	\$819.38	\$181.24
Retiree & 2 dependents on HNSP Plan B	\$1,500.93	\$1,229.07	\$271.86
COMBINATION OF HEALTH NET BASIC PLAN B AND HEALTH NET SENIORITY PLUS PLAN B (HNSP)			
Retiree on HNSP Plan B, and, 1 dependent on Basic Plan B	\$1,666.86	\$1,068.49	\$598.37
Retiree on HNSP Plan B, and, 2 dependents on Basic Plan B	\$2,833.41	\$1,949.71	\$883.70
Retiree on HNSP Plan B, and, 3 dependents on Basic Plan B	\$2,833.41	\$1,949.71	\$883.70
Retiree & 1 dependent on HNSP Plan B, and, 1 dependent on Basic Plan B	\$2,167.17	\$1,509.13	\$658.04
Retiree on Basic Plan B, and, 1 dependent on HNSP Plan B	\$1,666.86	\$1,068.49	\$598.37
Retiree & 1 dependent on Basic Plan B, and, 1 dependent on HNSP Plan B	\$2,833.41	\$1,949.71	\$883.70

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PLAN/COVERAGE DESCRIPTION	2019 TOTAL MONTHLY PREMIUM	2019 COUNTY SUBSIDY	2019 RETIREE MONTHLY SHARE
HEALTH NET MEDICARE COORDINATION OF BENEFITS PLAN A (HNCOB)			
Retiree on HNCOB Plan	\$877.90	\$467.13	\$410.77
Retiree & 1 dependent (2 on HNCOB)	\$1,755.80	\$934.29	\$821.51
Retiree & 2 dependents (3 on HNCOB)	\$2,633.70	\$934.29	\$1,699.41
COMBINATION OF HEALTH NET BASIC PLAN A AND HEALTH NET COORDINATION OF BENEFITS PLAN (HNCOB)			
Retiree on HNCOB, and, 1 dependent on Basic Plan A	\$2,555.46	\$1,083.16	\$1,472.30
Retiree on Basic Plan A, and, 1 dependent on HNCOB	\$2,555.46	\$1,083.16	\$1,472.30
Retiree on HNCOB, and, 2 dependents on HN Basic Plan A	\$4,233.02	\$2,007.15	\$2,225.87
Retiree on HNCOB, and, 3 dependents on HN Basic Plan A	\$4,233.02	\$2,007.15	\$2,225.87
Retiree & 1 dependent on HNCOB, and, 1 dependent on Basic Plan A	\$3,433.36	\$1,562.08	\$1,871.28
Retiree on Basic Plan A, and 2 dependents on HNCOB	\$3,433.36	\$1,562.08	\$1,871.28
COMBINATION OF HEALTH NET SENIORITY PLUS PLAN A (HNSP) AND COORDINATION OF BENEFITS (COB) PLANS			
Retiree on HNSP Plan A, and, dependent on Health Net Coordination of Benefits (COB) Plan	\$1,473.86	\$876.82	\$597.04
Retiree on Health Net Coordination of Benefits (COB) Plan, and, dependent on HNSP Plan A	\$1,473.86	\$876.82	\$597.04
HEALTH NET MEDICARE COORDINATION OF BENEFITS PLAN B (HNCOB)			
Retiree on HNCOB Plan	\$816.21	\$467.13	\$349.08
Retiree & 1 dependent (2 on HNCOB)	\$1,632.42	\$934.29	\$698.13
Retiree & 2 dependent (3 on HNCOB)	\$2,448.63	\$934.29	\$1,514.34
COMBINATION OF HEALTH NET BASIC PLAN B AND HEALTH NET COORDINATION OF BENEFITS PLAN (HNCOB)			
Retiree on HNCOB, and, 1 dependent on Basic Plan B	\$1,982.76	\$1,083.16	\$899.60
Retiree on Basic Plan B, and, 1 dependent on HNCOB	\$1,982.76	\$1,083.16	\$899.60
Retiree on HNCOB, and, 2 dependents on HN Basic Plan B	\$3,149.31	\$2,007.15	\$1,142.16
Retiree on HNCOB, and, 3 dependents on HN Basic Plan B	\$3,149.31	\$2,007.15	\$1,142.16
Retiree & 1 dependent on HNCOB, and, 1 dependent on Basic Plan B	\$2,798.97	\$1,562.08	\$1,236.89
Retiree on Basic Plan B, and 2 dependents on HNCOB	\$2,798.97	\$1,562.08	\$1,236.89
COMBINATION OF HEALTH NET SENIORITY B PLUS (HNSP) AND COORDINATION OF BENEFITS (COB) PLANS			
Retiree on HNSP Plan B, and, dependent on Health Net Coordination of Benefits (COB) Plan	\$1,316.52	\$876.82	\$439.70
Retiree on Health Net Coordination of Benefits (COB) Plan, and, dependent on HNSP Plan B	\$1,316.52	\$876.82	\$439.70

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PLAN/COVERAGE DESCRIPTION	2019 TOTAL MONTHLY PREMIUM	2019 COUNTY SUBSIDY	2019 RETIREE MONTHLY SHARE
HEALTH NET CA & OOS PPO PLAN - BASIC PLAN A			
Retiree on PPO Basic Plan A	\$2,340.40	\$604.60	\$1,735.80
Retiree & 1 dependent on PPO Basic Plan A	\$4,680.80	\$1,436.25	\$3,244.55
Retiree & 2 or more dependents on PPO Basic Plan A	\$7,021.20	\$1,586.25	\$5,434.95
HEALTH NET CA & OOS PPO PLAN A WITH MEDICARE PARTS A & B			
Retiree on PPO Medicare Plan A	\$1,201.52	\$563.17	\$638.35
Retiree & 1 dependent on PPO Medicare Plan A	\$2,403.06	\$1,126.24	\$1,276.82
Retiree & 2 dependents on PPO Medicare Plan A	\$3,604.59	\$1,126.24	\$2,478.35
COMBINATION OF HEALTH NET CA & OOS PPO PLAN A - BASIC PLAN & PPO MEDICARE PLAN A			
Retiree on PPO Medicare Plan A, and, 1 dependent on PPO Basic Plan A	\$3,541.93	\$1,167.78	\$2,374.15
Retiree on PPO Basic Plan A, and, 1 dependent on PPO Medicare Plan A	\$3,541.93	\$1,167.78	\$2,374.15
Retiree & 1 dependent on PPO Medicare Plan A, and, 1 dependent on PPO Basic Plan A	\$4,743.46	\$1,730.84	\$3,012.62
Retiree on PPO Basic Plan A, and, 2 dependents on PPO Medicare Plan A	\$4,743.46	\$1,730.84	\$3,012.62
Retiree & 1 dependent on PPO Medicare Plan A, and, 2 dependents on PPO Basic Plan A	\$4,743.46	\$1,730.84	\$3,012.62
Retiree on PPO Medicare Plan A, and, 3 dependents on PPO Basic Plan A	\$5,882.33	\$1,730.84	\$4,151.49
HEALTH NET CA & OOS PPO PLAN - BASIC PLAN B			
Retiree on PPO Basic Plan B	\$2,106.94	\$604.60	\$1,502.34
Retiree & 1 dependent on PPO Basic Plan B	\$4,213.88	\$1,436.25	\$2,777.63
Retiree & 2 or more dependents on PPO Basic Plan B	\$6,320.82	\$1,586.25	\$4,734.57
HEALTH NET CA & OOS PPO PLAN B WITH MEDICARE PARTS A & B			
Retiree on PPO Medicare Plan B	\$997.89	\$563.17	\$434.72
Retiree & 1 dependent on PPO Medicare Plan B	\$1,995.78	\$1,126.24	\$869.54
Retiree & 2 dependents on PPO Medicare Plan B	\$2,993.67	\$1,126.24	\$1,867.43
COMBINATION OF HEALTH NET CA & OOS PPO PLAN B - BASIC PLAN B & PPO MEDICARE PLAN B			
Retiree on PPO Medicare Plan B, and, 1 dependent on PPO Basic Plan B	\$3,104.83	\$1,167.78	\$1,937.05
Retiree on PPO Basic Plan B, and, 1 dependent on PPO Medicare Plan B	\$3,104.83	\$1,167.78	\$1,937.05
Retiree & 1 dependent on PPO Medicare Plan B, and, 1 dependent on PPO Basic Plan B	\$4,102.72	\$1,730.84	\$2,371.88
Retiree on PPO Basic Plan B, and, 2 dependents on PPO Medicare Plan B	\$4,102.72	\$1,730.84	\$2,371.88
Retiree on PPO Medicare Plan B, and, 3 dependents on PPO Basic Plan B	\$5,211.77	\$1,730.84	\$3,480.93

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

PLAN/COVERAGE DESCRIPTION	2019 TOTAL MONTHLY PREMIUM	2019 COUNTY SUBSIDY	2019 RETIREE MONTHLY SHARE
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DELTA DENTAL PREMIER PPO - \$1,800 ANNUAL MAXIMUM				
For CCHP Plans	Retiree	\$46.06	\$41.17	\$4.89
	Retiree +1	\$104.04	\$93.00	\$11.04
	Retiree + 2 or more	\$104.04	\$93.00	\$11.04
For Health Net Plans	Retiree	\$46.06	\$34.02	\$12.04
	Retiree +1	\$104.04	\$76.77	\$27.27
	Retiree + 2 or more	\$104.04	\$76.77	\$27.27
For Kaiser Permanente Plans	Retiree	\$46.06	\$34.02	\$12.04
	Retiree +1	\$104.04	\$76.77	\$27.27
	Retiree + 2 or more	\$104.04	\$76.77	\$27.27
Without a Health Plan	Retiree	\$46.06	\$43.35	\$2.71
	Retiree +1	\$104.04	\$97.81	\$6.23
	Retiree + 2 or more	\$104.04	\$97.81	\$6.23

DELTA CARE (HMO)				
For CCHP Plans	Retiree	\$29.06	\$25.41	\$3.65
	Retiree +1	\$62.81	\$54.91	\$7.90
	Retiree + 2 or more	\$62.81	\$54.91	\$7.90
For Health Net Plans	Retiree	\$29.06	\$21.31	\$7.75
	Retiree +1	\$62.81	\$46.05	\$16.76
	Retiree + 2 or more	\$62.81	\$46.05	\$16.76
For Kaiser Permanente Plans	Retiree	\$29.06	\$21.31	\$7.75
	Retiree +1	\$62.81	\$46.05	\$16.76
	Retiree + 2 or more	\$62.81	\$46.05	\$16.76
Without a Health Plan	Retiree	\$29.06	\$27.31	\$1.75
	Retiree +1	\$62.81	\$59.03	\$3.78
	Retiree + 2 or more	\$62.81	\$59.03	\$3.78