

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

SURVIVORS OF RETIREES

PLAN/COVERAGE DESCRIPTION	2019 TOTAL MONTHLY PREMIUM	MONTHLY ADMIN FEE	2019 SURVIVOR MONTHLY SHARE
CONTRA COSTA HEALTH PLAN - BASIC PLAN A			
Survivor on Basic Plan A	\$812.06	\$3.22	\$815.28
Survivor & 1 dependent on Basic Plan A	\$1,624.10	\$3.22	\$1,627.32
Survivor & 2 or more dependents on Basic Plan A	\$2,436.18	\$3.22	\$2,439.40
CONTRA COSTA HEALTH PLAN - MEDICARE COORDINATION OF BENEFITS (COB) PLAN A			
Survivor on Medicare COB Plan A	\$403.04	\$3.22	\$406.26
Survivor & 1 dependent on Medicare COB Plan A	\$806.09	\$3.22	\$809.31
Retiree & 2 dependents on Medicare COB Plan A	\$1,209.13	\$3.22	\$1,212.35
COMBINATION OF CONTRA COSTA HEALTH PLAN - BASIC PLAN A & MEDICARE COB PLAN A			
Survivor on Medicare COB Plan A, and, 1 or more dependents on Basic Plan A	\$1,289.74	\$3.22	\$1,292.96
Survivor & 1 dependent on Medicare COB Plan A, and, 1 or more dependents on Basic Plan A	\$1,209.13	\$3.22	\$1,212.35
Survivor on Basic Plan A, and, 1 dependent on Medicare COB Plan A	\$1,289.74	\$3.22	\$1,292.96
Survivor on Basic Plan A, and, 2 or more dependents on Medicare COB Plan A	\$1,209.13	\$3.22	\$1,212.35
Survivor & 1 dependent on Basic Plan A, and, 1 dependent on Medicare COB Plan A	\$1,289.74	\$3.22	\$1,292.96
CONTRA COSTA HEALTH PLAN - BASIC PLAN B			
Survivor on Basic Plan B	\$900.19	\$3.22	\$903.41
Survivor & 1 dependent on Basic Plan B	\$1,800.37	\$3.22	\$1,803.59
Survivor & 2 or more dependents on Basic Plan B	\$2,700.56	\$3.22	\$2,703.78
CONTRA COSTA HEALTH PLAN - MEDICARE COORDINATION OF BENEFITS (COB) PLAN B			
Survivor on Medicare COB Plan B	\$415.13	\$3.22	\$418.35
Survivor & 1 dependent on Medicare COB Plan B	\$830.27	\$3.22	\$833.49
Retiree & 2 dependents on Medicare COB Plan B	\$1,245.40	\$3.22	\$1,248.62
COMBINATION OF CONTRA COSTA HEALTH PLAN - BASIC PLAN B & MEDICARE COB PLAN B			
Survivor on Medicare COB Plan B, and, 1 or more dependents on Basic Plan B	\$1,328.43	\$3.22	\$1,331.65
Survivor & 1 dependent on Medicare COB Plan B, and, 1 or more dependents on Basic Plan B	\$1,245.40	\$3.22	\$1,248.62
Survivor on Basic Plan B, and, 1 dependent on Medicare COB Plan B	\$1,328.43	\$3.22	\$1,331.65
Survivor on Basic Plan B, and, 2 or more dependents on Medicare COB Plan B	\$1,245.40	\$3.22	\$1,248.62
Survivor & 1 dependent on Basic Plan B, and, 1 dependent on Medicare COB Plan B	\$1,328.43	\$3.22	\$1,331.65

PLAN/COVERAGE DESCRIPTION	2019 TOTAL MONTHLY PREMIUM	MONTHLY ADMIN FEE	2019 SURVIVOR MONTHLY SHARE
KAISER PERMANENTE - BASIC PLAN A			
Survivor on Basic Plan A	\$877.30	\$3.22	\$880.52
Survivor & 1 dependent on Basic Plan A	\$1,754.60	\$3.22	\$1,757.82
Survivor & 2 or more dependents on Basic Plan A	\$2,631.90	\$3.22	\$2,635.12
KAISER PERMANENTE SENIOR ADVANTAGE (KPSA) PLAN A			
Survivor on KPSA Plan A	\$368.50	\$3.22	\$371.72
Survivor & 1 dependent on KPSA Plan A	\$994.77	\$3.22	\$997.99
Survivor & 2 dependents on KPSA Plan A	\$994.77	\$3.22	\$997.99
COMBINATION OF KAISER BASIC PLAN A AND KPSA PLAN A			
Survivor on KPSA Plan A, and, 1 dependent on Basic Plan A	\$1,245.80	\$3.22	\$1,249.02
Survivor on Basic Plan A, and, 1 dependent on KPSA Plan A	\$1,503.57	\$3.22	\$1,506.79
Survivor on KPSA Plan A, and, 2 or more dependents on Basic Plan A	\$2,123.10	\$3.22	\$2,126.32
Survivor & 1 dependent on KPSA Plan A, and, 1 or more dependent on Basic Plan A	\$1,872.07	\$3.22	\$1,875.29
Survivor & 1 or more dependents on Basic Plan A, and, 1 dependent on KPSA Plan A	\$2,380.87	\$3.22	\$2,384.09
KAISER PERMANENTE - BASIC PLAN B			
Survivor on Basic Plan B	\$697.28	\$3.22	\$700.50
Survivor & 1 dependent on Basic Plan B	\$1,394.56	\$3.22	\$1,397.78
Survivor & 2 or more dependents on Basic Plan B	\$2,091.84	\$3.22	\$2,095.06
KAISER PERMANENTE SENIOR ADVANTAGE (KPSA) PLAN B			
Survivor on KPSA Plan B	\$279.36	\$3.22	\$282.58
Survivor & 1 dependent on KPSA Plan B	\$753.85	\$3.22	\$757.07
Survivor & 2 dependents on KPSA Plan B	\$753.85	\$3.22	\$757.07
COMBINATION OF KAISER BASIC PLAN B AND KPSA PLAN B			
Survivor on KPSA Plan B, and, 1 dependent on Basic Plan B	\$976.64	\$3.22	\$979.86
Survivor on Basic Plan B, and, 1 dependent on KPSA Plan B	\$1,171.77	\$3.22	\$1,174.99
Survivor on KPSA Plan B, and, 2 or more dependents on Basic Plan B	\$1,673.92	\$3.22	\$1,677.14
Survivor & 1 dependent on KPSA Plan B, and, 1 or more dependent on Basic Plan B	\$1,451.13	\$3.22	\$1,454.35
Survivor & 1 or more dependents on Basic Plan B, and, 1 dependent on KPSA Plan B	\$1,869.05	\$3.22	\$1,872.27

PLAN/COVERAGE DESCRIPTION	2019 TOTAL MONTHLY PREMIUM	MONTHLY ADMIN FEE	2019 SURVIVOR MONTHLY SHARE
KAISER HIGH DEDUCTIBLE			
Survivor on Basic Plan	\$559.68	\$3.22	\$562.90
Survivor & 1 dependent on Basic Plan	\$1,119.36	\$3.22	\$1,122.58
Survivor & 2 or more dependents on Basic Plan	\$1,679.04	\$3.22	\$1,682.26
TEAMSTERS 856 TRUST FUND KP HEALTH PLAN			
Survivor on Basic Plan	\$720.00	\$3.22	\$723.22
Survivor & 1 dependent on Basic Plan	\$1,369.00	\$3.22	\$1,372.22
Survivor & 2 or more dependents on Basic Plan	\$1,909.00	\$3.22	\$1,912.22
HEALTH NET HMO PLAN - BASIC PLAN A			
Survivor on Basic Plan A	\$1,677.56	\$3.22	\$1,680.78
Survivor & 1 dependent on Basic Plan A	\$3,355.12	\$3.22	\$3,358.34
Survivor & 2 or more dependents on Basic Plan A	\$5,032.68	\$3.22	\$5,035.90
HEALTH NET SENIORITY PLUS (HNSP) PLAN A			
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
COMBINATION OF HEALTH NET BASIC PLAN A AND HEALTH NET SENIORITY PLUS PLAN A (HNSP)			
Survivor on HNSP Plan A, and, 1 dependent on Basic Plan A	\$2,273.52	\$3.22	\$2,276.74
Survivor on HNSP Plan A, and, 2 dependents on Basic Plan A	\$3,951.08	\$3.22	\$3,954.30
Survivor on HNSP Plan A, and, 3 dependents on Basic Plan A	\$3,951.08	\$3.22	\$3,954.30
Survivor & 1 dependent on HNSP Plan A, and, 1 dependent on Basic Plan A	\$2,869.48	\$3.22	\$2,872.70
Survivor on Basic Plan A, and, 1 dependent on HNSP Plan A	\$2,273.52	\$3.22	\$2,276.74
Survivor & 1 dependent on Basic Plan A, and, 1 dependent on HNSP Plan A	\$3,951.08	\$3.22	\$3,954.30

PLAN/COVERAGE DESCRIPTION	2019 TOTAL MONTHLY PREMIUM	MONTHLY ADMIN FEE	2019 SURVIVOR MONTHLY SHARE
HEALTH NET HMO PLAN - BASIC PLAN B			
Survivor on Basic Plan B	\$1,166.55	\$3.22	\$1,169.77
Survivor & 1 dependent on Basic Plan B	\$2,333.10	\$3.22	\$2,336.32
Survivor & 2 or more dependents on Basic Plan B	\$3,499.65	\$3.22	\$3,502.87
HEALTH NET SENIORITY PLUS (HNSP) PLAN 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
COMBINATION OF HEALTH NET BASIC PLAN B AND HEALTH NET SENIORITY PLUS PLAN B (HNSP)			
Survivor on HNSP Plan B, and, 1 dependent on Basic Plan B	\$1,666.86	\$3.22	\$1,670.08
Survivor on HNSP Plan B, and, 2 dependents on Basic Plan B	\$2,833.41	\$3.22	\$2,836.63
Survivor on HNSP Plan B, and, 3 dependents on Basic Plan B	\$2,833.41	\$3.22	\$2,836.63
Survivor & 1 dependent on HNSP Plan B, and, 1 dependent on Basic Plan B	\$2,167.17	\$3.22	\$2,170.39
Survivor on Basic Plan B, and, 1 dependent on HNSP Plan B	\$1,666.86	\$3.22	\$1,670.08
Survivor & 1 dependent on Basic Plan B, and, 1 dependent on HNSP Plan B	\$2,833.41	\$3.22	\$2,836.63

PLAN/COVERAGE DESCRIPTION	2019 TOTAL MONTHLY PREMIUM	MONTHLY ADMIN FEE	2019 SURVIVOR MONTHLY SHARE
HEALTH NET MEDICARE COORDINATION OF BENEFITS PLAN A (HNCOB)			
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
COMBINATION OF HEALTH NET BASIC PLAN A AND HEALTH NET COORDINATION OF BENEFITS PLAN (HNCOB)			
Survivor on HNCOB, and, 1 dependent on Basic Plan A	\$2,555.46	\$3.22	\$2,558.68
Survivor on Basic Plan A, and, 1 dependent on HNCOB	\$2,555.46	\$3.22	\$2,558.68
Survivor on HNCOB, and, 2 dependents on HN Basic Plan A	\$4,233.02	\$3.22	\$4,236.24
Survivor on HNCOB, and, 3 dependents on HN Basic Plan A	\$4,233.02	\$3.22	\$4,236.24
Survivor & 1 dependent on HNCOB, and, 1 dependent on Basic Plan A	\$3,433.36	\$3.22	\$3,436.58
Survivor on Basic Plan A, and 2 dependents on HNCOB	\$3,433.36	\$3.22	\$3,436.58
COMBINATION OF HEALTH NET SENIORITY PLUS PLAN A (HNSP) AND COORDINATION OF BENEFITS (COB) PLANS			
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
HEALTH NET MEDICARE COORDINATION OF BENEFITS PLAN B (HNCOB)			
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
COMBINATION OF HEALTH NET BASIC PLAN B AND HEALTH NET COORDINATION OF BENEFITS PLAN (HNCOB)			
Survivor on HNCOB, and, 1 dependent on Basic Plan B	\$1,982.76	\$3.22	\$1,985.98
Survivor on Basic Plan B, and, 1 dependent on HNCOB	\$1,982.76	\$3.22	\$1,985.98
Survivor on HNCOB, and, 2 dependents on HN Basic Plan B	\$3,149.31	\$3.22	\$3,152.53
Survivor on HNCOB, and, 3 dependents on HN Basic Plan B	\$3,149.31	\$3.22	\$3,152.53
Survivor & 1 dependent on HNCOB, and, 1 dependent on Basic Plan B	\$2,798.97	\$3.22	\$2,802.19
Survivor on Basic Plan B, and 2 dependents on HNCOB	\$2,798.97	\$3.22	\$2,802.19
COMBINATION OF HEALTH NET SENIORITY B PLUS (HNSP) AND COORDINATION OF BENEFITS (COB) PLANS			
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

HEALTH NET CA & OOS PPO PLAN - BASIC PLAN A

2019 CONTRA COSTA COUNTY
MONTHLY MEDICAL AND DENTAL PREMIUMS

SURVIVORS OF RETIREES

PLAN/COVERAGE DESCRIPTION	2019 TOTAL MONTHLY PREMIUM	MONTHLY ADMIN FEE	2019 SURVIVOR MONTHLY SHARE
Survivor on PPO Basic Plan A	\$2,340.40	\$3.22	\$2,343.62
Survivor & 1 dependent on PPO Basic Plan A	\$4,680.80	\$3.22	\$4,684.02
Survivor & 2 or more dependents on PPO Basic Plan A	\$7,021.20	\$3.22	\$7,024.42
HEALTH NET CA & OOS PPO PLAN A WITH MEDICARE PARTS A & B			
Survivor on PPO Medicare Plan A	\$1,201.52	\$3.22	\$1,204.74
Survivor & 1 dependent on PPO Medicare Plan A	\$2,403.06	\$3.22	\$2,406.28
Survivor & 2 dependentS on PPO Medicare Plan A	\$3,604.59	\$3.22	\$3,607.81
COMBINATION OF HEALTH NET CA & OOS PPO PLAN A - BASIC PLAN & PPO MEDICARE PLAN A			
Survivor on PPO Medicare Plan A, and, 1 dependent on PPO Basic Plan A	\$3,541.93	\$3.22	\$3,545.15
Survivor on PPO Basic Plan A, and, 1 dependent on PPO Medicare Plan A	\$3,541.93	\$3.22	\$3,545.15
Survivor & 1 dependent on PPO Medicare Plan A, and, 1 dependent on PPO Basic Plan A	\$4,743.46	\$3.22	\$4,746.68
Survivor on PPO Basic Plan A, and, 2 dependents on PPO Medicare Plan A	\$4,743.46	\$3.22	\$4,746.68
Survivor & 1 dependent on PPO Medicare Plan A, and, 2 dependents on PPO Basic Plan A	\$4,743.46	\$3.22	\$4,746.68
Survivor on PPO Medicare Plan A, and, 3 dependents on PPO Basic Plan A	\$5,882.33	\$3.22	\$5,885.55
HEALTH NET CA & OOS PPO PLAN - BASIC PLAN B			
Survivor on PPO Basic Plan B	\$2,106.94	\$3.22	\$2,110.16
Survivor & 1 dependent on PPO Basic Plan B	\$4,213.88	\$3.22	\$4,217.10
Survivor & 2 or more dependents on PPO Basic Plan B	\$6,320.82	\$3.22	\$6,324.04
HEALTH NET CA & OOS PPO PLAN B WITH MEDICARE PARTS A & B			
Survivor on PPO Medicare Plan B	\$997.89	\$3.22	\$1,001.11
Survivor & 1 dependent on PPO Medicare Plan B	\$1,995.78	\$3.22	\$1,999.00
Survivor & 2 dependents on PPO Medicare Plan B	\$2,993.67	\$3.22	\$2,996.89
COMBINATION OF HEALTH NET CA & OOS PPO PLAN B - BASIC PLAN B & PPO MEDICARE PLAN B			
Survivor on PPO Medicare Plan B, and, 1 dependent on PPO Basic Plan B	\$3,104.83	\$3.22	\$3,108.05
Survivor on PPO Basic Plan B, and, 1 dependent on PPO Medicare Plan B	\$3,104.83	\$3.22	\$3,108.05
Survivor & 1 dependent on PPO Medicare Plan B, and, 1 dependent on PPO Basic Plan B	\$4,102.72	\$3.22	\$4,105.94
Survivor on PPO Basic Plan B, and, 2 dependents on PPO Medicare Plan B	\$4,102.72	\$3.22	\$4,105.94
Survivor on PPO Medicare Plan B, and, 3 dependents on PPO Basic Plan B	\$5,211.77	\$3.22	\$5,214.99

PLAN/COVERAGE DESCRIPTION	2019 TOTAL MONTHLY PREMIUM	MONTHLY ADMIN FEE	2019 SURVIVOR MONTHLY SHARE
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DELTA DENTAL PREMIER PPO - \$1,800 ANNUAL MAXIMUM				
For CCHP Plans	Survivor	\$46.06	\$0.00	\$46.06
	Survivor +1	\$104.04	\$0.00	\$104.04
	Survivor + 2 or more	\$104.04	\$0.00	\$104.04
For Health Net Plans	Survivor	\$46.06	\$0.00	\$46.06
	Survivor +1	\$104.04	\$0.00	\$104.04
	Survivor + 2 or more	\$104.04	\$0.00	\$104.04
For Kaiser Permanente Plans	Survivor	\$46.06	\$0.00	\$46.06
	Survivor +1	\$104.04	\$0.00	\$104.04
	Survivor + 2 or more	\$104.04	\$0.00	\$104.04
Without a Health Plan	Survivor	\$46.06	\$3.22	\$49.28
	Survivor +1	\$104.04	\$3.22	\$107.26
	Survivor + 2 or more	\$104.04	\$3.22	\$107.26

DELTA CARE (HMO)				
For CCHP Plans	Survivor	\$29.06	\$0.00	\$29.06
	Survivor +1	\$62.81	\$0.00	\$62.81
	Survivor + 2 or more	\$62.81	\$0.00	\$62.81
For Health Net Plans	Survivor	\$29.06	\$0.00	\$29.06
	Survivor +1	\$62.81	\$0.00	\$62.81
	Survivor + 2 or more	\$62.81	\$0.00	\$62.81
For Kaiser Permanente Plans	Survivor	\$29.06	\$0.00	\$29.06
	Survivor +1	\$62.81	\$0.00	\$62.81
	Survivor + 2 or more	\$62.81	\$0.00	\$62.81
Without a Health Plan	Survivor	\$29.06	\$3.22	\$32.28
	Survivor +1	\$62.81	\$3.22	\$66.03
	Survivor + 2 or more	\$62.81	\$3.22	\$66.03