

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	\$600.51	\$211.55
Retiree & 1 dependent on Basic Plan A	\$1,624.10	\$1,430.76	\$193.34
Retiree & 2 or more dependents on Basic Plan A	\$2,436.18	\$1,430.76	\$1,005.42
CONTRA COSTA HEALTH PLAN - MEDICARE COORDINATION OF BENEFITS (COB) PLAN A			
Retiree on Medicare COB Plan A	\$403.04	\$279.22	\$123.82
Retiree & 1 dependent on Medicare COB Plan A	\$806.09	\$558.44	\$247.65
Retiree & 2 dependents on Medicare COB Plan A	\$1,209.13	\$558.44	\$650.69
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	\$1,234.34	\$55.40
Retiree & 1 dependent on Medicare COB Plan A , and, 1 or more dependents on Basic Plan A	\$1,209.13	\$1,209.12	\$0.01
Retiree on Basic Plan A, and, 1 dependent on Medicare COB Plan A	\$1,289.74	\$1,234.34	\$55.40
Retiree on Basic Plan A, and, 2 or more dependents on Medicare COB Plan A	\$1,209.13	\$1,209.12	\$0.01
Retiree & 1 dependent on Basic Plan A, and, 1 dependent on Medicare COB Plan A	\$1,289.74	\$1,234.34	\$55.40
CONTRA COSTA HEALTH PLAN - BASIC PLAN B			
Retiree on Basic Plan B	\$900.19	\$611.34	\$288.85
Retiree & 1 dependent on Basic Plan B	\$1,800.37	\$1,452.65	\$347.72
Retiree & 2 or more dependents on Basic Plan B	\$2,700.56	\$1,452.65	\$1,247.91
CONTRA COSTA HEALTH PLAN - MEDICARE COORDINATION OF BENEFITS (COB) PLAN B			
Retiree on Medicare COB Plan B	\$415.13	\$287.59	\$127.54
Retiree & 1 dependent on Medicare COB Plan B	\$830.27	\$575.18	\$255.09
Retiree & 2 dependents on Medicare COB Plan B	\$1,245.40	\$575.18	\$670.22
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	\$1,249.14	\$79.29
Retiree & 1 dependent on Medicare COB Plan B , and, 1 or more dependents on Basic Plan B	\$1,245.40	\$1,245.39	\$0.01
Retiree on Basic Plan B, and, 1 dependent on Medicare COB Plan B	\$1,328.43	\$1,271.37	\$57.06
Retiree on Basic Plan B, and, 2 or more dependents on Medicare COB Plan B	\$1,245.40	\$1,245.39	\$0.01
Retiree & 1 dependent on Basic Plan B, and, 1 dependent on Medicare COB Plan B	\$1,328.43	\$1,249.14	\$79.29

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	\$614.78	\$262.52
Retiree & 1 dependent on Basic Plan A	\$1,754.60	\$1,432.42	\$322.18
Retiree & 2 or more dependents on Basic Plan A	\$2,631.90	\$1,432.42	\$1,199.48
KAISER PERMANENTE SENIOR ADVANTAGE (KPSA) PLAN A			
Retiree on KPSA Plan A	\$368.50	\$295.00	\$73.50
Retiree & 1 dependent on KPSA Plan A	\$994.77	\$796.70	\$198.07
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	\$1,158.55	\$87.25
Retiree on Basic Plan A, and, 1 dependent on KPSA Plan A	\$1,503.57	\$1,158.55	\$345.02
Retiree on KPSA Plan A, and, 2 or more dependents on Basic Plan A	\$2,123.10	\$1,158.55	\$964.55
Retiree & 1 dependent on KPSA Plan A, and, 1 or more dependent on Basic Plan A	\$1,872.07	\$1,121.04	\$751.03
Retiree & 1 or more dependents on Basic Plan A, and, 1 dependent on KPSA Plan A	\$2,380.87	\$1,121.04	\$1,259.83
KAISER PERMANENTE - BASIC PLAN B			
Retiree on Basic Plan B	\$697.28	\$614.78	\$82.50
Retiree & 1 dependent on Basic Plan B	\$1,394.56	\$1,394.55	\$0.01
Retiree & 2 or more dependents on Basic Plan B	\$2,091.84	\$1,432.42	\$659.42
KAISER PERMANENTE SENIOR ADVANTAGE (KPSA) PLAN B			
Retiree on KPSA Plan B	\$279.36	\$279.35	\$0.01
Retiree & 1 dependent on KPSA Plan B	\$753.85	\$753.84	\$0.01
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	\$976.63	\$0.01
Retiree on Basic Plan B, and, 1 dependent on KPSA Plan B	\$1,171.77	\$1,158.55	\$13.22
Retiree on KPSA Plan B, and, 2 or more dependents on Basic Plan B	\$1,673.92	\$1,158.55	\$515.37
Retiree & 1 dependent on KPSA Plan B, and, 1 or more dependent on Basic Plan B	\$1,451.13	\$1,121.04	\$330.09
Retiree & 1 or more dependents on Basic Plan B, and, 1 dependent on KPSA Plan B	\$1,869.05	\$1,121.04	\$748.01

PLAN/COVERAGE DESCRIPTION	2019 TOTAL MONTHLY PREMIUM	2019 COUNTY SUBSIDY	2019 RETIREE MONTHLY SHARE
KAISER HIGH DEDUCTIBLE			
Retiree on Basic Plan	\$559.68	\$559.67	\$0.01
Retiree & 1 dependent on Basic Plan	\$1,119.36	\$1,119.35	\$0.01
Retiree & 2 or more dependents on Basic Plan	\$1,679.04	\$1,432.42	\$246.62
TEAMSTERS 856 TRUST FUND KP HEALTH PLAN			
Retiree on Basic Plan	\$720.00	\$614.78	\$105.22
Retiree & 1 dependent on Basic Plan	\$1,369.00	\$1,368.99	\$0.01
Retiree & 2 or more dependents on Basic Plan	\$1,909.00	\$1,432.42	\$476.58
HEALTH NET HMO PLAN - BASIC PLAN A			
Retiree on Basic Plan A	\$1,677.56	\$853.92	\$823.64
Retiree & 1 dependent on Basic Plan A	\$3,355.12	\$2,094.74	\$1,260.38
Retiree & 2 or more dependents on Basic Plan A	\$5,032.68	\$2,094.74	\$2,937.94
HEALTH NET SENIORITY PLUS (HNSP) PLAN A			
Retiree on HNSP Plan A	\$595.96	\$514.27	\$81.69
Retiree & 1 dependent on HNSP Plan A	\$1,191.92	\$1,028.55	\$163.37
Retiree & 2 dependents on HNSP Plan A	\$1,787.88	\$1,542.83	\$245.05
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	\$1,370.24	\$903.28
Retiree on HNSP Plan A, and, 2 dependents on Basic Plan A	\$3,951.08	\$2,611.07	\$1,340.01
Retiree on HNSP Plan A, and, 3 dependents on Basic Plan A	\$3,951.08	\$2,611.07	\$1,340.01
Retiree & 1 dependent on HNSP Plan A, and, 1 dependent on Basic Plan A	\$2,869.48	\$1,886.57	\$982.91
Retiree on Basic Plan A, and, 1 dependent on HNSP Plan A	\$2,273.52	\$1,370.24	\$903.28
Retiree & 1 dependent on Basic Plan A, and, 1 dependent on HNSP Plan A	\$3,951.08	\$2,611.07	\$1,340.01

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	\$853.92	\$312.63
Retiree & 1 dependent on Basic Plan B	\$2,333.10	\$2,094.74	\$238.36
Retiree & 2 or more dependents on Basic Plan B	\$3,499.65	\$2,094.74	\$1,404.91
HEALTH NET SENIORITY PLUS (HNSP) PLAN B			
Retiree on HNSP Plan B	\$500.31	\$500.30	\$0.01
Retiree & 1 dependent on HNSP Plan B	\$1,000.62	\$1,000.61	\$0.01
Retiree & 2 dependents on HNSP Plan B	\$1,500.93	\$1,500.92	\$0.01
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	\$1,370.24	\$296.62
Retiree on HNSP Plan B, and, 2 dependents on Basic Plan B	\$2,833.41	\$2,611.07	\$222.34
Retiree on HNSP Plan B, and, 3 dependents on Basic Plan B	\$2,833.41	\$2,611.07	\$222.34
Retiree & 1 dependent on HNSP Plan B, and, 1 dependent on Basic Plan B	\$2,167.17	\$1,886.57	\$280.60
Retiree on Basic Plan B, and, 1 dependent on HNSP Plan B	\$1,666.86	\$1,370.24	\$296.62
Retiree & 1 dependent on Basic Plan B, and, 1 dependent on HNSP Plan B	\$2,833.41	\$2,611.07	\$222.34

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	\$563.32	\$314.58
Retiree & 1 dependent (2 on HNCOB)	\$1,755.80	\$1,126.65	\$629.15
Retiree & 2 dependents (3 on HNCOB)	\$2,633.70	\$1,126.65	\$1,507.05
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	\$1,417.24	\$1,138.22
Retiree on Basic Plan A, and, 1 dependent on HNCOB	\$2,555.46	\$1,417.24	\$1,138.22
Retiree on HNCOB, and, 2 dependents on HN Basic Plan A	\$4,233.02	\$2,658.07	\$1,574.95
Retiree on HNCOB, and, 3 dependents on HN Basic Plan A	\$4,233.02	\$2,658.07	\$1,574.95
Retiree & 1 dependent on HNCOB, and, 1 dependent on Basic Plan A	\$3,433.36	\$1,980.57	\$1,452.79
Retiree on Basic Plan A, and 2 dependents on HNCOB	\$3,433.36	\$1,980.57	\$1,452.79
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	\$1,079.65	\$394.21
Retiree on Health Net Coordination of Benefits (COB) Plan, and, dependent on HNSP Plan A	\$1,473.86	\$1,079.65	\$394.21
HEALTH NET MEDICARE COORDINATION OF BENEFITS PLAN B (HNCOB)			
Retiree on HNCOB Plan	\$816.21	\$563.32	\$252.89
Retiree & 1 dependent (2 on HNCOB)	\$1,632.42	\$1,126.65	\$505.77
Retiree & 2 dependent (3 on HNCOB)	\$2,448.63	\$1,126.65	\$1,321.98
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	\$1,417.24	\$565.52
Retiree on Basic Plan B, and, 1 dependent on HNCOB	\$1,982.76	\$1,417.24	\$565.52
Retiree on HNCOB, and, 2 dependents on HN Basic Plan B	\$3,149.31	\$2,658.07	\$491.24
Retiree on HNCOB, and, 3 dependents on HN Basic Plan B	\$3,149.31	\$2,658.07	\$491.24
Retiree & 1 dependent on HNCOB, and, 1 dependent on Basic Plan B	\$2,798.97	\$1,980.57	\$818.40
Retiree on Basic Plan B, and 2 dependents on HNCOB	\$2,798.97	\$1,980.57	\$818.40
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	\$1,079.65	\$236.87
Retiree on Health Net Coordination of Benefits (COB) Plan, and, dependent on HNSP Plan B	\$1,316.52	\$1,079.65	\$236.87

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	\$753.81	\$1,586.59
Retiree & 1 dependent on PPO Basic Plan A	\$4,680.80	\$1,790.70	\$2,890.10
Retiree & 2 or more dependents on PPO Basic Plan A	\$7,021.20	\$1,790.70	\$5,230.50
HEALTH NET CA & OOS PPO PLAN A WITH MEDICARE PARTS A & B			
Retiree on PPO Medicare Plan A	\$1,201.52	\$618.43	\$583.09
Retiree & 1 dependent on PPO Medicare Plan A	\$2,403.06	\$1,236.73	\$1,166.33
Retiree & 2 dependents on PPO Medicare Plan A	\$3,604.59	\$1,236.73	\$2,367.86
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	\$1,372.24	\$2,169.69
Retiree on PPO Basic Plan A, and, 1 dependent on PPO Medicare Plan A	\$3,541.93	\$1,372.24	\$2,169.69
Retiree & 1 dependent on PPO Medicare Plan A, and, 1 dependent on PPO Basic Plan A	\$4,743.46	\$1,990.54	\$2,752.92
Retiree on PPO Basic Plan A, and, 2 dependents on PPO Medicare Plan A	\$4,743.46	\$1,990.54	\$2,752.92
Retiree & 1 dependent on PPO Medicare Plan A, and, 2 dependents on PPO Basic Plan A	\$4,743.46	\$1,990.54	\$2,752.92
Retiree on PPO Medicare Plan A, and, 3 dependents on PPO Basic Plan A	\$5,882.33	\$1,990.54	\$3,891.79
HEALTH NET CA & OOS PPO PLAN - BASIC PLAN B			
Retiree on PPO Basic Plan B	\$2,106.94	\$753.81	\$1,353.13
Retiree & 1 dependent on PPO Basic Plan B	\$4,213.88	\$1,790.70	\$2,423.18
Retiree & 2 or more dependents on PPO Basic Plan B	\$6,320.82	\$1,790.70	\$4,530.12
HEALTH NET CA & OOS PPO PLAN B WITH MEDICARE PARTS A & B			
Retiree on PPO Medicare Plan B	\$997.89	\$618.43	\$379.46
Retiree & 1 dependent on PPO Medicare Plan B	\$1,995.78	\$1,236.73	\$759.05
Retiree & 2 dependents on PPO Medicare Plan B	\$2,993.67	\$1,236.73	\$1,756.94
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	\$1,372.24	\$1,732.59
Retiree on PPO Basic Plan B, and, 1 dependent on PPO Medicare Plan B	\$3,104.83	\$1,372.24	\$1,732.59
Retiree & 1 dependent on PPO Medicare Plan B, and, 1 dependent on PPO Basic Plan B	\$4,102.72	\$1,990.54	\$2,112.18
Retiree on PPO Basic Plan B, and, 2 dependents on PPO Medicare Plan B	\$4,102.72	\$1,990.54	\$2,112.18
Retiree on PPO Medicare Plan B, and, 3 dependents on PPO Basic Plan B	\$5,211.77	\$1,990.54	\$3,221.23

PLAN/COVERAGE DESCRIPTION		2019 TOTAL MONTHLY PREMIUM	2019 COUNTY SUBSIDY	2019 RETIREE MONTHLY SHARE
DELTA DENTAL PREMIER - \$1,600 ANNUAL MAXIMUM				
For CCHP Plans	Retiree	\$46.06	\$41.60	\$4.46
	Retiree +1	\$104.04	\$93.72	\$10.32
	Retiree + 2 or more	\$104.04	\$93.72	\$10.32
For Health Net Plans	Retiree	\$46.06	\$33.11	\$12.95
	Retiree +1	\$104.04	\$74.59	\$29.45
	Retiree + 2 or more	\$104.04	\$74.59	\$29.45
For Kaiser Permanente Plans	Retiree	\$46.06	\$33.11	\$12.95
	Retiree +1	\$104.04	\$74.59	\$29.45
	Retiree + 2 or more	\$104.04	\$74.59	\$29.45
Without a Health Plan	Retiree	\$46.06	\$42.44	\$3.62
	Retiree +1	\$104.04	\$95.62	\$8.42
	Retiree + 2 or more	\$104.04	\$95.62	\$8.42

DELTA CARE (PMI)				
For CCHP Plans	Retiree	\$29.06	\$28.48	\$0.58
	Retiree +1	\$62.81	\$61.55	\$1.26
	Retiree + 2 or more	\$62.81	\$61.55	\$1.26
For Health Net Plans	Retiree	\$29.06	\$22.67	\$6.39
	Retiree +1	\$62.81	\$48.99	\$13.82
	Retiree + 2 or more	\$62.81	\$48.99	\$13.82
For Kaiser Permanente Plans	Retiree	\$29.06	\$22.67	\$6.39
	Retiree +1	\$62.81	\$48.99	\$13.82
	Retiree + 2 or more	\$62.81	\$48.99	\$13.82
Without a Health Plan	Retiree	\$29.06	\$29.05	\$0.01
	Retiree +1	\$62.81	\$62.80	\$0.01
	Retiree + 2 or more	\$62.81	\$62.80	\$0.01