

**2020 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>2020 TOTAL MONTHLY PREMIUM</b>	<b>MONTHLY ADMIN FEE</b>	<b>2020 SURVIVOR MONTHLY SHARE</b>
<b>CONTRA COSTA HEALTH PLAN A - BASIC PLAN</b>			
Survivor on Basic Plan	\$962.77	\$3.22	\$965.99
Survivor & 1 or more dependents on Basic Plan	\$2,293.83	\$3.22	\$2,297.05
<b>CONTRA COSTA HEALTH PLAN A - MEDICARE COORDINATION OF BENEFITS (COB) PLAN</b>			
Survivor on Medicare COB Plan	\$442.80	\$3.22	\$446.02
Survivor & 1 dependent on Medicare COB Plan A	\$885.61	\$3.22	\$888.83
<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	\$1,416.98	\$3.22	\$1,420.20
Survivor & 1 dependent on Medicare COB Plan and 1 or more dependents on Basic Plan	\$1,328.41	\$3.22	\$1,331.63
Survivor on Basic Plan and 1 dependent on Medicare COB Plan	\$1,416.98	\$3.22	\$1,420.20
Survivor on Basic Plan and 2 or more dependents on Medicare COB Plan	\$1,328.41	\$3.22	\$1,331.63
Survivor & 1 dependent on Basic Plan and 1 or more dependents on Medicare COB Plan	\$1,416.98	\$3.22	\$1,420.20

<b>CONTRA COSTA HEALTH PLAN B - BASIC PLAN</b>			
Survivor on Basic Plan	\$1,067.24	\$3.22	\$1,070.46
Survivor & 1 or more dependents on Basic Plan	\$2,535.93	\$3.22	\$2,539.15
<b>CONTRA COSTA HEALTH PLAN B - MEDICARE COORDINATION OF BENEFITS (COB) PLAN</b>			
Survivor on Medicare COB Plan	\$456.09	\$3.22	\$459.31
Survivor & 1 dependent on Medicare COB Plan A	\$912.18	\$3.22	\$915.40
<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	\$1,459.48	\$3.22	\$1,462.70
Survivor & 1 dependent on Medicare COB Plan and 1 or more dependents on Basic Plan	\$1,368.26	\$3.22	\$1,371.48
Survivor on Basic Plan and 1 dependent on Medicare COB Plan	\$1,459.48	\$3.22	\$1,462.70
Survivor on Basic Plan and 2 or more dependents on Medicare COB Plan	\$1,368.26	\$3.22	\$1,371.48
Survivor & 1 dependent on Basic Plan and 1 or more dependents on Medicare COB Plan	\$1,459.48	\$3.22	\$1,462.70

**2020 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>2020 TOTAL MONTHLY PREMIUM</b>	<b>MONTHLY ADMIN FEE</b>	<b>2020 SURVIVOR MONTHLY SHARE</b>
<b>KAISER PERMANENTE - BASIC PLAN A</b>			
Survivor on Basic Plan A	\$960.76	\$3.22	\$963.98
Survivor & 1 or more dependents on Basic Plan A	\$2,238.57	\$3.22	\$2,241.79
<b>KAISER PERMANENTE SENIOR ADVANTAGE (KPSA) PLAN A</b>			
Survivor on KPSA Plan A	\$386.24	\$3.22	\$389.46
Survivor & 1 dependent on KPSA Plan A	\$1,043.20	\$3.22	\$1,046.42
Survivor & 2 dependents on KPSA Plan A	\$1,043.20	\$3.22	\$1,046.42
<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	\$1,664.05	\$3.22	\$1,667.27
Survivor & 1 or more dependents on Basic Plan A, and, 1 dependent on KPSA Plan A	\$1,617.72	\$3.22	\$1,620.94

<b>KAISER PERMANENTE - BASIC PLAN B</b>			
Survivor on Basic Plan B	\$783.35	\$3.22	\$786.57
Survivor & 1 or more dependents on Basic Plan B	\$1,825.21	\$3.22	\$1,828.43
<b>KAISER PERMANENTE SENIOR ADVANTAGE (KPSA) PLAN B</b>			
Survivor on KPSA Plan B	\$292.80	\$3.22	\$296.02
Survivor & 1 dependent on KPSA Plan B	\$790.68	\$3.22	\$793.90
Survivor & 2 dependents on KPSA Plan B	\$790.68	\$3.22	\$793.90
<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	\$1,334.66	\$3.22	\$1,337.88
Survivor & 1 or more dependents on Basic Plan B, and, 1 dependent on KPSA Plan B	\$1,281.23	\$3.22	\$1,284.45

2020 CONTRA COSTA COUNTY  
MONTHLY MEDICAL AND DENTAL PREMIUMS

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

PLAN COVERAGE DESCRIPTION	2020 TOTAL MONTHLY PREMIUM	MONTHLY ADMIN FEE	2020 SURVIVOR MONTHLY SHARE
<b>HEALTH NET HMO PLAN - BASIC PLAN A</b>			
Survivor on Basic Plan A	\$1,885.66	\$3.22	\$1,888.88
Survivor & 1 or more dependents on Basic Plan A	\$4,619.87	\$3.22	\$4,623.09
<b>HEALTH NET SENIORITY PLUS (HNSP) PLAN A</b>			
Survivor on HNSP Plan A	\$663.07	\$3.22	\$666.29
Survivor & 1 dependent on HNSP Plan A	\$1,326.14	\$3.22	\$1,329.36
Survivor & 2 dependents on HNSP Plan A	\$1,989.21	\$3.22	\$1,992.43
<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	\$2,548.73	\$3.22	\$2,551.95
Survivor on HNSP Plan A, and, 2 dependents on Basic Plan A	\$3,397.28	\$3.22	\$3,400.50
Survivor & 1 dependent on HNSP Plan A, and, 1 dependent on Basic Plan A	\$3,211.80	\$3.22	\$3,215.02
Survivor on Basic Plan A, and, 1 dependent on HNSP Plan A	\$2,548.73	\$3.22	\$2,551.95
Survivor & 1 dependent on Basic Plan A, and, 1 dependent on HNSP Plan A	\$3,397.28	\$3.22	\$3,400.50
<b>HEALTH NET HMO PLAN - BASIC PLAN B</b>			
Survivor on Basic Plan B	\$1,311.25	\$3.22	\$1,314.47
Survivor & 1 or more dependents on Basic Plan B	\$3,212.56	\$3.22	\$3,215.78
<b>HEALTH NET SENIORITY PLUS (HNSP) PLAN B</b>			
Survivor on HNSP Plan B	\$556.65	\$3.22	\$559.87
Survivor & 1 dependent on HNSP Plan B	\$1,113.30	\$3.22	\$1,116.52
Survivor & 2 dependents on HNSP Plan B	\$1,669.95	\$3.22	\$1,673.17
<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	\$1,867.90	\$3.22	\$1,871.12
Survivor on HNSP Plan B, and, 2 dependents on Basic Plan B	\$2,457.96	\$3.22	\$2,461.18
Survivor & 1 dependent on HNSP Plan B, and, 1 dependent on Basic Plan B	\$2,424.55	\$3.22	\$2,427.77
Survivor on Basic Plan B, and, 1 dependent on HNSP Plan B	\$1,867.90	\$3.22	\$1,871.12
Survivor & 1 dependent on Basic Plan B, and, 1 dependent on HNSP Plan B	\$2,457.96	\$3.22	\$2,461.18

**2020 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>2020 TOTAL MONTHLY PREMIUM</b>	<b>MONTHLY ADMIN FEE</b>	<b>2020 SURVIVOR MONTHLY SHARE</b>
<b>HEALTH NET MEDICARE COORDINATION OF BENEFITS PLAN A (HNCOB)</b>			
Survivor on HNCOB Plan	\$899.85	\$3.22	\$903.07
Survivor & 1 dependent (2 on HNCOB)	\$1,799.70	\$3.22	\$1,802.92
Survivor & 2 dependents (3 on HNCOB)	\$2,699.55	\$3.22	\$2,702.77
<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	\$2,785.51	\$3.22	\$2,788.73
Survivor on Basic Plan A, and, 1 dependent on HNCOB	\$2,785.51	\$3.22	\$2,788.73
Survivor on HNCOB, and, 2 dependents on HN Basic Plan A	\$3,634.06	\$3.22	\$3,637.28
Survivor & 1 dependent on HNCOB, and, 1 dependent on Basic Plan A	\$3,685.36	\$3.22	\$3,688.58
Survivor on Basic Plan A, and 2 dependents on HNCOB	\$3,685.36	\$3.22	\$3,688.58
<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	\$1,562.92	\$3.22	\$1,566.14
Survivor on Health Net Coordination of Benefits (COB) Plan, and, 1 dependent on HNSP Plan A	\$1,562.92	\$3.22	\$1,566.14
<b>HEALTH NET MEDICARE COORDINATION OF BENEFITS PLAN B (HNCOB)</b>			
Survivor on HNCOB Plan	\$836.62	\$3.22	\$839.84
Survivor & 1 dependent (2 on HNCOB)	\$1,673.24	\$3.22	\$1,676.46
Survivor & 2 dependents (3 on HNCOB)	\$2,509.86	\$3.22	\$2,513.08
<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	\$2,147.87	\$3.22	\$2,151.09
Survivor on Basic Plan B, and, 1 dependent on HNCOB	\$2,147.87	\$3.22	\$2,151.09
Survivor on HNCOB, and, 2 dependents on HN Basic Plan B	\$2,737.93	\$3.22	\$2,741.15
Survivor & 1 dependent on HNCOB, and, 1 dependent on Basic Plan B	\$2,984.49	\$3.22	\$2,987.71
Survivor on Basic Plan B, and 2 dependents on HNCOB	\$2,984.49	\$3.22	\$2,987.71
<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	\$1,393.27	\$3.22	\$1,396.49
Survivor on Health Net Coordination of Benefits (COB) Plan, and, 1 dependent on HNSP Plan B	\$1,393.27	\$3.22	\$1,396.49

**2020 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>2020 TOTAL MONTHLY PREMIUM</b>	<b>MONTHLY ADMIN FEE</b>	<b>2020 SURVIVOR MONTHLY SHARE</b>
<b>HEALTH NET CA &amp; OOS PPO PLAN - BASIC PLAN</b>			
Survivor on PPO Basic Plan	\$2,783.36	\$3.22	\$2,786.58
Survivor & 1 or more dependents on PPO Basic Plan	\$6,624.40	\$3.22	\$6,627.62
<b>HEALTH NET CA &amp; OOS PPO PLAN WITH MEDICARE PARTS A &amp; B</b>			
Survivor on PPO Medicare Plan	\$1,231.57	\$3.22	\$1,234.79
Survivor & 1 dependent on PPO Medicare Plan	\$2,463.14	\$3.22	\$2,466.36
Survivor & 2 dependents on PPO Medicare Plan	\$3,694.71	\$3.22	\$3,697.93
<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	\$4,014.93	\$3.22	\$4,018.15
Survivor on PPO Basic Plan and 1 dependent on PPO Medicare Plan	\$4,014.93	\$3.22	\$4,018.15
Survivor & 1 dependent on PPO Medicare Plan and 1 dependent on PPO Basic Plan	\$5,246.50	\$3.22	\$5,249.72
Survivor on PPO Basic Plan and 2 dependents on PPO Medicare Plan	\$5,246.50	\$3.22	\$5,249.72

**2020 CONTRA COSTA COUNTY  
MONTHLY MEDICAL AND DENTAL PREMIUMS**

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

PLAN COVERAGE DESCRIPTION		2020 TOTAL MONTHLY PREMIUM	MONTHLY ADMIN FEE	2020 SURVIVOR MONTHLY SHARE
<b>DELTA DENTAL PREMIER PPO - \$1,800 ANNUAL BENEFIT</b>				
For CCHP Plans	Survivor	\$46.52	\$0.00	\$46.52
	Family	\$105.08	\$0.00	\$105.08
For Health Net Plans	Survivor	\$46.52	\$0.00	\$46.52
	Family	\$105.08	\$0.00	\$105.08
For Kaiser Permanente Plans	Survivor	\$46.52	\$0.00	\$46.52
	Family	\$105.08	\$0.00	\$105.08
Without a Health Plan	Survivor	\$46.52	\$3.22	\$49.74
	Family	\$105.08	\$3.22	\$108.30

<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