

2020 CONTRA COSTA COUNTY
MONTHLY MEDICAL AND DENTAL PREMIUMS

RETIREE CNA COBRA PARTICIPANTS

PLAN COVERAGE DESCRIPTION	2020 TOTAL MONTHLY PREMIUM	MONTHLY ADMIN FEE	PARTICIPANT MONTHLY SHARE
CONTRA COSTA HEALTH PLAN A - BASIC PLAN			
Retiree on Basic Plan	\$962.77	\$19.26	\$982.03
Retiree & 1 or more dependents on Basic Plan	\$2,293.83	\$45.88	\$2,339.71
CONTRA COSTA HEALTH PLAN B - BASIC PLAN			
Retiree on Basic Plan	\$1,067.24	\$21.34	\$1,088.58
Retiree & 1 or more dependents on Basic Plan	\$2,535.93	\$50.72	\$2,586.65
KAISER PERMANENTE - BASIC PLAN A			
Retiree on Basic Plan A	\$960.76	\$19.22	\$979.98
Retiree & 1 or more dependents on Basic Plan A	\$2,238.57	\$44.77	\$2,283.34
KAISER PERMANENTE - BASIC PLAN B			
Retiree on Basic Plan B	\$783.35	\$15.67	\$799.02
Retiree & 1 or more dependents on Basic Plan B	\$1,825.21	\$36.50	\$1,861.71
HEALTH NET HMO PLAN - BASIC PLAN A			
Retiree on Basic Plan A	\$1,885.66	\$37.71	\$1,923.37
Retiree & 1 or more dependents on Basic Plan A	\$4,619.87	\$92.40	\$4,712.27
HEALTH NET HMO PLAN - BASIC PLAN B			
Retiree on Basic Plan B	\$1,311.25	\$26.23	\$1,337.48
Retiree & 1 or more dependents on Basic Plan B	\$3,212.56	\$64.25	\$3,276.81
HEALTH NET CA & OOS PPO PLAN - BASIC PLAN			
Retiree on PPO Basic Plan	\$2,783.36	\$55.67	\$2,839.03
Retiree & 1 or more dependents on PPO Basic Plan	\$6,624.40	\$132.49	\$6,756.89

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DELTA DENTAL PREMIER PPO - \$1,800 ANNUAL BENEFIT				
For CCHP Plans	Retiree	\$46.52	\$0.93	\$47.45
	Family	\$105.08	\$2.10	\$107.18
For Health Net Plans	Retiree	\$46.52	\$0.93	\$47.45
	Family	\$105.08	\$2.10	\$107.18
For Kaiser Permanente Plans	Retiree	\$46.52	\$0.93	\$47.45
	Family	\$105.08	\$2.10	\$107.18
Without a Health Plan	Retiree	\$46.52	\$0.93	\$47.45
	Family	\$105.08	\$2.10	\$107.18

DELTA CARE (HMO)				
For CCHP Plans	Retiree	\$29.06	\$0.58	\$29.64
	Family	\$62.81	\$1.26	\$64.07
For Health Net Plans	Retiree	\$29.06	\$0.58	\$29.64
	Family	\$62.81	\$1.26	\$64.07
For Kaiser Permanente Plans	Retiree	\$29.06	\$0.58	\$29.64
	Family	\$62.81	\$1.26	\$64.07
Without a Health Plan	Retiree	\$29.06	\$0.58	\$29.64
	Family	\$62.81	\$1.26	\$64.07