

PLAN/COVERAGE DESCRIPTION	2020 TOTAL MONTHLY PREMIUM	MONTHLY ADMIN FEE	2020 RETIREE MONTHLY SHARE
CONTRA COSTA HEALTH PLAN - BASIC PLAN A			
Retiree on Basic Plan A	\$892.18	\$17.84	\$910.02
Retiree & 1 dependent on Basic Plan A	\$1,784.34	\$35.69	\$1,820.03
Retiree & 2 or more dependents on Basic Plan A	\$2,676.54	\$53.53	\$2,730.07
CONTRA COSTA HEALTH PLAN - BASIC PLAN B			
Retiree on Basic Plan B	\$989.00	\$19.78	\$1,008.78
Retiree & 1 dependent on Basic Plan B	\$1,978.00	\$39.56	\$2,017.56
Retiree & 2 or more dependents on Basic Plan B	\$2,967.00	\$59.34	\$3,026.34
HEALTH NET HMO PLAN - BASIC PLAN A			
Retiree on Basic Plan A	\$1,761.04	\$35.22	\$1,796.26
Retiree & 1 dependent on Basic Plan A	\$3,522.08	\$70.44	\$3,592.52
Retiree & 2 or more dependents on Basic Plan A	\$5,283.12	\$105.66	\$5,388.78
HEALTH NET HMO PLAN - BASIC PLAN B			
Retiree on Basic Plan B	\$1,224.60	\$24.49	\$1,249.09
Retiree & 1 dependent on Basic Plan B	\$2,449.20	\$48.98	\$2,498.18
Retiree & 2 or more dependents on Basic Plan B	\$3,673.80	\$73.48	\$3,747.28
HEALTH NET SMARTCARE HMO A (New Plan)			
Retiree on Basic Plan A	\$1,322.48	\$26.45	\$1,348.93
Retiree & 1 dependent on Basic Plan A	\$2,644.96	\$52.90	\$2,697.86
Retiree & 2 or more dependents on Basic Plan A	\$3,967.44	\$79.35	\$4,046.79
HEALTH NET SMARTCARE HMO B (New Plan)			
Retiree on Basic Plan B	\$942.98	\$18.86	\$961.84
Retiree & 1 dependent on Basic Plan B	\$1,885.96	\$37.72	\$1,923.68
Retiree & 2 or more dependents on Basic Plan B	\$2,828.94	\$56.58	\$2,885.52
HEALTH NET CA & OOS PPO PLAN - BASIC PLAN A			
Retiree on PPO Basic Plan A	\$2,691.46	\$53.83	\$2,745.29
Retiree & 1 dependent on PPO Basic Plan A	\$5,382.92	\$107.66	\$5,490.58
Retiree & 2 or more dependents on PPO Basic Plan A	\$8,074.38	\$161.49	\$8,235.87

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KAISER HIGH DEDUCTIBLE			
Retiree on Basic Plan	\$560.90	\$11.22	\$572.12
Retiree & 1 dependent on Basic Plan	\$1,121.80	\$22.44	\$1,144.24
Retiree & 2 or more dependents on Basic Plan	\$1,682.70	\$33.65	\$1,716.35
KAISER PERMANENTE - BASIC PLAN A			
Retiree on Basic Plan A	\$879.23	\$17.58	\$896.81
Retiree & 1 dependent on Basic Plan A	\$1,758.46	\$35.17	\$1,793.63
Retiree & 2 or more dependents on Basic Plan A	\$2,637.69	\$52.75	\$2,690.44
KAISER PERMANENTE - BASIC PLAN B			
Retiree on Basic Plan B	\$698.82	\$13.98	\$712.80
Retiree & 1 dependent on Basic Plan B	\$1,397.64	\$27.95	\$1,425.59
Retiree & 2 or more dependents on Basic Plan B	\$2,096.46	\$41.93	\$2,138.39
TEAMSTERS 856 TRUST FUND KP HEALTH PLAN			
Retiree on Basic Plan	\$690.80	\$13.82	\$704.62
Retiree & 1 dependent on Basic Plan	\$1,423.76	\$28.48	\$1,452.24
Retiree & 2 or more dependents on Basic Plan	\$2,043.36	\$40.87	\$2,084.23

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DENTAL				
DELTA DENTAL PREMIER PPO - \$1,800 ANNUAL MAXIMUM				
For CCHP Plans	Retiree	\$46.52	\$0.93	\$45.59
	Retiree +1	\$105.08	\$2.10	\$102.98
	Retiree + 2 or more	\$105.08	\$2.10	\$102.98
For Health Net Plans	Retiree	\$46.52	\$0.93	\$45.59
	Retiree +1	\$105.08	\$2.10	\$102.98
	Retiree + 2 or more	\$105.08	\$2.10	\$102.98
For Kaiser Permanente Plans	Retiree	\$46.52	\$0.93	\$45.59
	Retiree +1	\$105.08	\$2.10	\$102.98
	Retiree + 2 or more	\$105.08	\$2.10	\$102.98
Without a Health Plan	Retiree	\$46.52	\$0.93	\$47.45
	Retiree +1	\$105.08	\$2.10	\$107.18
	Retiree + 2 or more	\$105.08	\$2.10	\$107.18

DELTA CARE (HMO)				
For CCHP Plans	Retiree	\$29.06	\$0.58	\$28.48
	Retiree +1	\$62.81	\$1.26	\$61.55
	Retiree + 2 or more	\$62.81	\$1.26	\$61.55
For Health Net Plans	Retiree	\$29.06	\$0.58	\$28.48
	Retiree +1	\$62.81	\$1.26	\$61.55
	Retiree + 2 or more	\$62.81	\$1.26	\$61.55
For Kaiser Permanente Plans	Retiree	\$29.06	\$0.58	\$28.48
	Retiree +1	\$62.81	\$1.26	\$61.55
	Retiree + 2 or more	\$62.81	\$1.26	\$61.55
Without a Health Plan	Retiree	\$29.06	\$0.58	\$29.64
	Retiree +1	\$62.81	\$1.26	\$64.07
	Retiree + 2 or more	\$62.81	\$1.26	\$64.07