

2021 CONTRA COSTA COUNTY  
MONTHLY MEDICAL AND DENTAL PREMIUMS

RETIREE CNA COBRA PARTICIPANTS

PLAN COVERAGE DESCRIPTION	2021 TOTAL MONTHLY PREMIUM	MONTHLY ADMIN FEE	PARTICIPANT MONTHLY SHARE
<b>CONTRA COSTA HEALTH PLAN A - BASIC PLAN</b>			
Retiree on Basic Plan	\$1,056.79	\$21.14	\$1,077.93
Retiree & 1 or more dependents on Basic Plan	\$2,517.84	\$50.36	\$2,568.20
<b>CONTRA COSTA HEALTH PLAN B - BASIC PLAN</b>			
Retiree on Basic Plan	\$1,171.46	\$23.43	\$1,194.89
Retiree & 1 or more dependents on Basic Plan	\$2,783.58	\$55.67	\$2,839.25
<b>KAISER PERMANENTE - BASIC PLAN A</b>			
Retiree on Basic Plan A	\$993.36	\$19.87	\$1,013.23
Retiree & 1 or more dependents on Basic Plan A	\$2,314.54	\$46.29	\$2,360.83
<b>KAISER PERMANENTE - BASIC PLAN B</b>			
Retiree on Basic Plan B	\$809.92	\$16.20	\$826.12
Retiree & 1 or more dependents on Basic Plan B	\$1,887.12	\$37.74	\$1,924.86
<b>HEALTH NET HMO PLAN - BASIC PLAN A</b>			
Retiree on Basic Plan A	\$1,861.66	\$37.23	\$1,898.89
Retiree & 1 or more dependents on Basic Plan A	\$4,561.07	\$91.22	\$4,652.29
<b>HEALTH NET HMO PLAN - BASIC PLAN B</b>			
Retiree on Basic Plan B	\$1,294.56	\$25.89	\$1,320.45
Retiree & 1 or more dependents on Basic Plan B	\$3,171.67	\$63.43	\$3,235.10
<b>HEALTH NET CA &amp; OOS PPO PLAN - BASIC PLAN</b>			
Retiree on PPO Basic Plan	\$3,068.33	\$61.37	\$3,129.70
Retiree & 1 or more dependents on PPO Basic Plan	\$7,302.94	\$146.06	\$7,449.00

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<b>DELTA DENTAL PREMIER PPO - \$1,800 ANNUAL BENEFIT</b>				
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

<b>DELTA CARE (HMO)</b>				
For CCHP Plans	Retiree	\$25.35	\$0.51	\$25.86
	Family	\$54.78	\$1.10	\$55.88
For Health Net Plans	Retiree	\$25.35	\$0.51	\$25.86
	Family	\$54.78	\$1.10	\$55.88
For Kaiser Permanente Plans	Retiree	\$25.35	\$0.51	\$25.86
	Family	\$54.78	\$1.10	\$55.88
Without a Health Plan	Retiree	\$25.35	\$0.51	\$25.86
	Family	\$54.78	\$1.10	\$55.88