

PLAN/COVERAGE DESCRIPTION	2022 TOTAL MONTHLY PREMIUM	MONTHLY ADMIN FEE	2022 RETIREE MONTHLY SHARE
CONTRA COSTA HEALTH PLAN - BASIC PLAN A			
Retiree on Basic Plan A	\$1,031.76	\$20.64	\$1,052.40
Retiree & 1 dependent on Basic Plan A	\$2,063.48	\$41.27	\$2,104.75
Retiree & 2 or more dependents on Basic Plan A	\$3,095.26	\$61.91	\$3,157.17
CONTRA COSTA HEALTH PLAN - BASIC PLAN B			
Retiree on Basic Plan B	\$1,143.72	\$22.87	\$1,166.59
Retiree & 1 dependent on Basic Plan B	\$2,287.43	\$45.75	\$2,333.18
Retiree & 2 or more dependents on Basic Plan B	\$3,431.16	\$68.62	\$3,499.78
HEALTH NET SMARTCARE HMO A			
Retiree on Basic Plan A	\$1,392.39	\$27.85	\$1,420.24
Retiree & 1 dependent on Basic Plan A	\$2,784.78	\$55.70	\$2,840.48
Retiree & 2 or more dependents on Basic Plan A	\$4,177.17	\$83.54	\$4,260.71
HEALTH NET SMARTCARE HMO B			
Retiree on Basic Plan B	\$992.83	\$19.86	\$1,012.69
Retiree & 1 dependent on Basic Plan B	\$1,985.66	\$39.71	\$2,025.37
Retiree & 2 or more dependents on Basic Plan B	\$2,978.49	\$59.57	\$3,038.06
HEALTH NET CA & OOS PPO PLAN - BASIC PLAN A			
Retiree on PPO Basic Plan A	\$3,234.05	\$64.68	\$3,298.73
Retiree & 1 dependent on PPO Basic Plan A	\$6,468.10	\$129.36	\$6,597.46
Retiree & 2 or more dependents on PPO Basic Plan A	\$9,702.15	\$194.04	\$9,896.19

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KAISER HIGH DEDUCTIBLE				
Retiree on Basic Plan	\$579.96	\$11.60	\$591.56	
Retiree & 1 dependent on Basic Plan	\$1,159.92	\$23.20	\$1,183.12	
Retiree & 2 or more dependents on Basic Plan	\$1,739.88	\$34.80	\$1,774.68	
KAISER PERMANENTE - BASIC PLAN A				
Retiree on Basic Plan A	\$909.04	\$18.18	\$927.22	
Retiree & 1 dependent on Basic Plan A	\$1,818.08	\$36.36	\$1,854.44	
Retiree & 2 or more dependents on Basic Plan A	\$2,727.12	\$54.54	\$2,781.66	
KAISER PERMANENTE - BASIC PLAN B				
Retiree on Basic Plan B	\$722.50	\$14.45	\$736.95	
Retiree & 1 dependent on Basic Plan B	\$1,445.00	\$28.90	\$1,473.90	
Retiree & 2 or more dependents on Basic Plan B	\$2,167.50	\$43.35	\$2,210.85	
TEAMSTERS 856 TRUST FUND KP HEALTH PLAN				
Retiree on Basic Plan	\$759.71	\$15.19	\$774.90	
Retiree & 1 dependent on Basic Plan	\$1,554.78	\$31.10	\$1,585.88	
Retiree & 2 or more dependents on Basic Plan	\$2,226.06	\$44.52	\$2,270.58	
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)

PLAN/COVERAGE DESCRIPTION		2022 TOTAL MONTHLY PREMIUM	MONTHLY ADMIN FEE	2022 RETIREE MONTHLY SHARE
For CCHP Plans	Retiree	\$25.35	\$0.51	\$24.84
	Retiree +1	\$54.78	\$1.10	\$53.68
	Retiree + 2 or more	\$54.78	\$1.10	\$53.68
For Health Net Plans	Retiree	\$25.35	\$0.51	\$24.84
	Retiree +1	\$54.78	\$1.10	\$53.68
	Retiree + 2 or more	\$54.78	\$1.10	\$53.68
For Kaiser Permanente Plans	Retiree	\$25.35	\$0.51	\$24.84
	Retiree +1	\$54.78	\$1.10	\$53.68
	Retiree + 2 or more	\$54.78	\$1.10	\$53.68
Without a Health Plan	Retiree	\$25.35	\$0.51	\$25.86
	Retiree +1	\$54.78	\$1.10	\$55.88
	Retiree + 2 or more	\$54.78	\$1.10	\$55.88