

**2023 CONTRA COSTA COUNTY
MONTHLY MEDICAL AND DENTAL PREMIUMS**

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

PLAN COVERAGE DESCRIPTION	2023 TOTAL MONTHLY PREMIUM	MONTHLY ADMIN FEE	2023 SURVIVOR MONTHLY SHARE
CONTRA COSTA HEALTH PLAN A - BASIC PLAN			
Survivor on Basic Plan	\$1,189.81	\$3.22	\$1,193.03
Survivor & 1 or more dependents on Basic Plan	\$2,834.75	\$3.22	\$2,837.97
CONTRA COSTA HEALTH PLAN A - MEDICARE COORDINATION OF BENEFITS (COB) PLAN			
Survivor on Medicare COB Plan	\$547.22	\$3.22	\$550.44
Survivor & 1 dependent on Medicare COB Plan A	\$1,094.43	\$3.22	\$1,097.65
COMBINATION OF CONTRA COSTA HEALTH PLAN A - BASIC PLAN & MEDICARE COB PLAN			
Survivor on Medicare COB Plan and 1 or more dependents on Basic Plan	\$1,751.09	\$3.22	\$1,754.31
Survivor & 1 dependent on Medicare COB Plan and 1 or more dependents on Basic Plan	\$1,641.65	\$3.22	\$1,644.87
Survivor on Basic Plan and 1 dependent on Medicare COB Plan	\$1,751.09	\$3.22	\$1,754.31
Survivor on Basic Plan and 2 or more dependents on Medicare COB Plan	\$1,641.65	\$3.22	\$1,644.87
Survivor & 1 dependent on Basic Plan and 1 or more dependents on Medicare COB Plan	\$1,751.09	\$3.22	\$1,754.31
CONTRA COSTA HEALTH PLAN B - BASIC PLAN			
Survivor on Basic Plan	\$1,318.91	\$3.22	\$1,322.13
Survivor & 1 or more dependents on Basic Plan	\$3,133.93	\$3.22	\$3,137.15
CONTRA COSTA HEALTH PLAN B - MEDICARE COORDINATION OF BENEFITS (COB) PLAN			
Survivor on Medicare COB Plan	\$563.64	\$3.22	\$566.86
Survivor & 1 dependent on Medicare COB Plan A	\$1,127.28	\$3.22	\$1,130.50
COMBINATION OF CONTRA COSTA HEALTH PLAN B - BASIC PLAN & MEDICARE COB PLAN			
Survivor on Medicare COB Plan and 1 or more dependents on Basic Plan	\$1,803.65	\$3.22	\$1,806.87
Survivor & 1 dependent on Medicare COB Plan and 1 or more dependents on Basic Plan	\$1,690.92	\$3.22	\$1,694.14
Survivor on Basic Plan and 1 dependent on Medicare COB Plan	\$1,803.65	\$3.22	\$1,806.87
Survivor on Basic Plan and 2 or more dependents on Medicare COB Plan	\$1,690.92	\$3.22	\$1,694.14
Survivor & 1 dependent on Basic Plan and 1 or more dependents on Medicare COB Plan	\$1,803.65	\$3.22	\$1,806.87

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KAISER PERMANENTE - BASIC PLAN A			
Survivor on Basic Plan A	\$993.36	\$3.22	\$996.58
Survivor & 1 or more dependents on Basic Plan A	\$2,314.54	\$3.22	\$2,317.76
KAISER PERMANENTE SENIOR ADVANTAGE (KPSA) PLAN A			
Survivor on KPSA Plan A	\$298.64	\$3.22	\$301.86
Survivor & 1 dependent on KPSA Plan A	\$806.46	\$3.22	\$809.68
Survivor & 2 dependents on KPSA Plan A	\$806.46	\$3.22	\$809.68
COMBINATION OF KAISER BASIC PLAN A AND KPSA PLAN A			
Survivor on KPSA Plan A, and, 1 or more dependents on Basic Plan A	\$1,619.82	\$3.22	\$1,623.04
Survivor & 1 or more dependents on Basic Plan A, and, 1 dependent on KPSA Plan A	\$1,501.19	\$3.22	\$1,504.41

KAISER PERMANENTE - BASIC PLAN B			
Survivor on Basic Plan B	\$809.92	\$3.22	\$813.14
Survivor & 1 or more dependents on Basic Plan B	\$1,887.12	\$3.22	\$1,890.34
KAISER PERMANENTE SENIOR ADVANTAGE (KPSA) PLAN B			
Survivor on KPSA Plan B	\$226.48	\$3.22	\$229.70
Survivor & 1 dependent on KPSA Plan B	\$611.47	\$3.22	\$614.69
Survivor & 2 dependents on KPSA Plan B	\$611.47	\$3.22	\$614.69
COMBINATION OF KAISER BASIC PLAN B AND KPSA PLAN B			
Survivor on KPSA Plan B, and, 1 or more dependents on Basic Plan B	\$1,303.68	\$3.22	\$1,306.90
Survivor & 1 or more dependents on Basic Plan B, and, 1 dependent on KPSA Plan B	\$1,194.91	\$3.22	\$1,198.13

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PLAN COVERAGE DESCRIPTION	2023 TOTAL MONTHLY PREMIUM	MONTHLY ADMIN FEE	2023 SURVIVOR MONTHLY SHARE
HEALTH NET SMARTCARE - BASIC PLAN A			
Retiree on SmartCare Plan A	\$1,612.66	\$3.22	\$1,615.88
Retiree & 1 or more dependents on SmartCare Plan A	\$3,951.02	\$3.22	\$3,954.24
HEALTH NET SENIORITY PLUS (HNSP) PLAN A			
Survivor on HNSP Plan A	\$716.88	\$3.22	\$720.10
Survivor & 1 dependent on HNSP Plan A	\$1,433.78	\$3.22	\$1,437.00
Survivor & 2 dependents on HNSP Plan A	\$2,150.64	\$3.22	\$2,153.86
COMBINATION OF HEALTH NET SMARTCARE PLAN A AND HEALTH NET SENIORITY PLUS PLAN A (HNSP)			
Survivor on HNSP Plan A, and, 1 dependent on SmartCare Plan A	\$2,329.54	\$3.22	\$2,332.76
Survivor on HNSP Plan A, and, 2 dependents on SmartCare Plan A	\$3,055.24	\$3.22	\$3,058.46
Survivor & 1 dependent on HNSP Plan A, and, 1 dependent on SmartCare Plan A	\$3,046.42	\$3.22	\$3,049.64
Survivor on SmartCare Plan A, and, 1 dependent on HNSP Plan A	\$2,329.54	\$3.22	\$2,332.76
Survivor & 1 dependent on SmartCare Plan A, and, 1 dependent on HNSP Plan A	\$3,055.24	\$3.22	\$3,058.46

HEALTH NET SMARTCARE - BASIC PLAN B			
Survivor on SmartCare Plan B	\$1,149.89	\$3.22	\$1,153.11
Survivor & 1 or more dependents on SmartCare Plan B	\$2,817.22	\$3.22	\$2,820.44
HEALTH NET SENIORITY PLUS (HNSP) PLAN B			
Survivor on HNSP Plan B	\$601.83	\$3.22	\$605.05
Survivor & 1 dependent on HNSP Plan B	\$1,203.66	\$3.22	\$1,206.88
Survivor & 2 dependents on HNSP Plan B	\$1,805.49	\$3.22	\$1,808.71
COMBINATION OF HEALTH NET SMARTCARE PLAN B AND HEALTH NET SENIORITY PLUS PLAN B (HNSP)			
Retiree on HNSP Plan B, and, 1 dependent on SmartCare Plan B	\$1,751.72	\$3.22	\$1,754.94
Retiree on HNSP Plan B, and, 2 dependents on SmartCare Plan B	\$2,269.17	\$3.22	\$2,272.39
Retiree & 1 dependent on HNSP Plan B, and, 1 dependent on SmartCare Plan B	\$2,353.55	\$3.22	\$2,356.77
Retiree on SmartCare Plan B, and, 1 dependent on HNSP Plan B	\$1,751.72	\$3.22	\$1,754.94
Retiree & 1 dependent on SmartCare Plan B, and, 1 dependent on HNSP Plan B	\$2,269.17	\$3.22	\$2,272.39

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HEALTH NET MEDICARE COORDINATION OF BENEFITS PLAN A (HNCOB)			
Survivor on HNCOB Plan	\$904.28	\$3.22	\$907.50
Survivor & 1 dependent (2 on HNCOB)	\$1,808.56	\$3.22	\$1,811.78
Survivor & 2 dependents (3 on HNCOB)	\$2,712.84	\$3.22	\$2,716.06
COMBINATION OF HEALTH NET SMARTCARE PLAN A AND HEALTH NET COORDINATION OF BENEFITS PLAN			
Survivor on HNCOB, and, 1 dependent on SmartCare Plan A	\$2,516.94	\$3.22	\$2,520.16
Survivor on SmartCare Plan A, and, 1 dependent on HNCOB	\$2,516.94	\$3.22	\$2,520.16
Survivor on HNCOB, and, 2 dependents on HN SmartCare Plan A	\$3,242.64	\$3.22	\$3,245.86
Survivor & 1 dependent on HNCOB, and, 1 dependent on SmartCare Plan A	\$3,421.22	\$3.22	\$3,424.44
Survivor on SmartCare Plan A, and 2 dependents on HNCOB	\$3,421.22	\$3.22	\$3,424.44
COMBINATION OF HEALTH NET SENIORITY PLUS PLAN A (HNSP) AND COORDINATION OF BENEFITS (COB)			
Survivor on HNSP Plan A, and, 1 dependent on Health Net Coordination of Benefits (COB) Plan	\$1,621.16	\$3.22	\$1,624.38
Survivor on Health Net Coordination of Benefits (COB) Plan, and, 1 dependent on HNSP Plan A	\$1,621.16	\$3.22	\$1,624.38
HEALTH NET MEDICARE COORDINATION OF BENEFITS PLAN B (HNCOB)			
Survivor on HNCOB Plan	\$820.41	\$3.22	\$823.63
Survivor & 1 dependent (2 on HNCOB)	\$1,640.82	\$3.22	\$1,644.04
Survivor & 2 dependents (3 on HNCOB)	\$2,461.23	\$3.22	\$2,464.45
COMBINATION OF HN SMARTCARE PLAN B AND HEALTH NET COORDINATION OF BENEFITS PLAN (HNCOB)			
Survivor on HNCOB, and, 1 dependent on SmartCare Plan B	\$1,970.30	\$3.22	\$1,973.52
Survivor on SmartCare Plan B, and, 1 dependent on HNCOB	\$1,970.30	\$3.22	\$1,973.52
Survivor on HNCOB, and, 2 dependents on HN SmartCare Plan B	\$2,487.75	\$3.22	\$2,490.97
Survivor & 1 dependent on HNCOB, and, 1 dependent on SmartCare Plan B	\$2,790.71	\$3.22	\$2,793.93
Survivor on Basic Plan B, and 2 dependents on HNCOB	\$2,790.71	\$3.22	\$2,793.93
COMBINATION OF HEALTH NET SENIORITY B PLUS (HNSP) AND COORDINATION OF BENEFITS (COB) PLANS			
Survivor on HNSP Plan B, and, 1 dependent on Health Net Coordination of Benefits (COB) Plan	\$1,422.24	\$3.22	\$1,425.46
Survivor on Health Net Coordination of Benefits (COB) Plan, and, 1 dependent on HNSP Plan B	\$1,422.24	\$3.22	\$1,425.46

PLAN COVERAGE DESCRIPTION	2023 TOTAL MONTHLY PREMIUM	MONTHLY ADMIN FEE	2023 SURVIVOR MONTHLY SHARE
HEALTH NET CA & OOS PPO PLAN - BASIC PLAN			
Survivor on PPO Basic Plan	\$3,585.28	\$3.22	\$3,588.50
Survivor & 1 or more dependents on PPO Basic Plan	\$8,532.97	\$3.22	\$8,536.19
HEALTH NET CA & OOS PPO PLAN WITH MEDICARE PARTS A & B			
Survivor on PPO Medicare Plan	\$1,269.16	\$3.22	\$1,272.38
Survivor & 1 dependent on PPO Medicare Plan	\$2,538.32	\$3.22	\$2,541.54
Survivor & 2 dependents on PPO Medicare Plan	\$3,807.48	\$3.22	\$3,810.70
COMBINATION OF HEALTH NET CA & OOS PPO PLAN - BASIC PLAN & PPO MEDICARE PLAN			
Survivor on PPO Medicare Plan and 1 dependent on PPO Basic Plan	\$4,854.44	\$3.22	\$4,857.66
Survivor on PPO Basic Plan and 1 dependent on PPO Medicare Plan	\$4,854.44	\$3.22	\$4,857.66
Survivor & 1 dependent on PPO Medicare Plan and 1 dependent on PPO Basic Plan	\$6,123.60	\$3.22	\$6,126.82
Survivor on PPO Basic Plan and 2 dependents on PPO Medicare Plan	\$6,123.60	\$3.22	\$6,126.82

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PLAN COVERAGE DESCRIPTION		2023 TOTAL MONTHLY PREMIUM	MONTHLY ADMIN FEE	2023 SURVIVOR MONTHLY SHARE
DELTA DENTAL PREMIER PPO - \$1,800 ANNUAL BENEFIT				
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

DELTA CARE (HMO)				
For CCHP Plans	Survivor	\$25.35	\$0.00	\$25.35
	Family	\$54.78	\$0.00	\$54.78
For Health Net Plans	Survivor	\$25.35	\$0.00	\$25.35
	Family	\$54.78	\$0.00	\$54.78
For Kaiser Permanente Plans	Survivor	\$25.35	\$0.00	\$25.35
	Family	\$54.78	\$0.00	\$54.78
Without a Health Plan	Survivor	\$25.35	\$3.22	\$28.57
	Family	\$54.78	\$3.22	\$58.00