

PLAN/COVERAGE DESCRIPTION	2023 TOTAL MONTHLY PREMIUM	MONTHLY ADMIN FEE	2023 RETIREE MONTHLY SHARE
CONTRA COSTA HEALTH PLAN - BASIC PLAN A			
Retiree on Basic Plan A	\$1,102.58	\$22.05	\$1,124.63
Retiree & 1 dependent on Basic Plan A	\$2,205.11	\$44.10	\$2,249.21
Retiree & 2 or more dependents on Basic Plan A	\$3,307.71	\$66.15	\$3,373.86
CONTRA COSTA HEALTH PLAN - BASIC PLAN B			
Retiree on Basic Plan B	\$1,222.22	\$24.44	\$1,246.66
Retiree & 1 dependent on Basic Plan B	\$2,444.43	\$48.89	\$2,493.32
Retiree & 2 or more dependents on Basic Plan B	\$3,666.66	\$73.33	\$3,739.99
HEALTH NET SMARTCARE HMO A			
Retiree on Basic Plan A	\$1,506.10	\$30.12	\$1,536.22
Retiree & 1 dependent on Basic Plan A	\$3,012.20	\$60.24	\$3,072.44
Retiree & 2 or more dependents on Basic Plan A	\$4,518.31	\$90.37	\$4,608.68
HEALTH NET SMARTCARE HMO B			
Retiree on Basic Plan B	\$1,073.91	\$21.48	\$1,095.39
Retiree & 1 dependent on Basic Plan B	\$2,147.82	\$42.96	\$2,190.78
Retiree & 2 or more dependents on Basic Plan B	\$3,221.73	\$64.43	\$3,286.16
HEALTH NET CA & OOS PPO PLAN - BASIC PLAN A			
Retiree on PPO Basic Plan A	\$3,466.90	\$69.34	\$3,536.24
Retiree & 1 dependent on PPO Basic Plan A	\$6,933.80	\$138.68	\$7,072.48
Retiree & 2 or more dependents on PPO Basic Plan A	\$10,400.70	\$208.01	\$10,608.71

PLAN/COVERAGE DESCRIPTION	2023 TOTAL MONTHLY PREMIUM	MONTHLY ADMIN FEE	2023 RETIREE MONTHLY SHARE
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	\$831.27	\$16.63	\$847.90
Retiree & 1 dependent on Basic Plan	\$1,701.25	\$34.03	\$1,735.28
Retiree & 2 or more dependents on Basic Plan	\$2,435.77	\$48.72	\$2,484.49

PLAN/COVERAGE DESCRIPTION		2023 TOTAL MONTHLY PREMIUM	MONTHLY ADMIN FEE	2023 RETIREE MONTHLY SHARE
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	\$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