

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

**RETIREE CNA COBRA PARTICIPANTS**

<b>PLAN COVERAGE DESCRIPTION</b>	<b>2023 TOTAL MONTHLY PREMIUM</b>	<b>MONTHLY ADMIN FEE</b>	<b>PARTICIPANT MONTHLY SHARE</b>
<b>CONTRA COSTA HEALTH PLAN A - BASIC PLAN</b>			
Retiree on Basic Plan	\$1,189.81	\$23.80	\$1,213.61
Retiree & 1 or more dependents on Basic Plan	\$2,834.75	\$56.70	\$2,891.45
<b>CONTRA COSTA HEALTH PLAN B - BASIC PLAN</b>			
Retiree on Basic Plan	\$1,318.91	\$26.38	\$1,345.29
Retiree & 1 or more dependents on Basic Plan	\$3,133.93	\$62.68	\$3,196.61
<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 SMARTCARE - PLAN A</b>			
Retiree on SmartCare Plan A	\$1,612.66	\$32.25	\$1,644.91
Retiree & 1 or more dependents on SmartCare Plan A	\$3,951.02	\$79.02	\$4,030.04
<b>HEALTH NET HMO SMARTCARE- PLAN B</b>			
Retiree on Basic SmartCare Plan B	\$1,149.89	\$23.00	\$1,172.89
Retiree & 1 or more dependents on SmartCare Plan B	\$2,817.22	\$56.34	\$2,873.56
<b>HEALTH NET CA &amp; OOS PPO PLAN - BASIC PLAN</b>			
Retiree on PPO Basic Plan	\$3,585.28	\$71.71	\$3,656.99
Retiree & 1 or more dependents on PPO Basic Plan	\$8,532.97	\$170.66	\$8,703.63

PLAN COVERAGE DESCRIPTION		2023 TOTAL MONTHLY PREMIUM	MONTHLY ADMIN FEE	PARTICIPANT MONTHLY SHARE
<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