

**RSG SETTLEMENT CLASS RETIRED ON OR BEFORE DECEMBER 31, 2015**

PLAN/COVERAGE DESCRIPTION	2024 TOTAL MONTHLY PREMIUM	2024 COUNTY SUBSIDY	2024 RETIREE MONTHLY SHARE
<b>EARLY RETIREES</b>			
<b>CONTRA COSTA HEALTH PLAN - BASIC PLAN A</b>			
Retiree on Basic Plan A	\$1,185.45	\$509.92	\$675.53
Retiree & 1 dependent on Basic Plan A	\$2,370.85	\$1,214.90	\$1,155.95
Retiree & 2 or more dependents on Basic Plan A	\$3,556.32	\$1,364.90	\$2,191.42
<b>CONTRA COSTA HEALTH PLAN - BASIC PLAN B</b>			
Retiree on Basic Plan B	\$1,314.08	\$528.50	\$785.58
Retiree & 1 dependent on Basic Plan B	\$2,628.15	\$1,255.79	\$1,372.36
Retiree & 2 or more dependents on Basic Plan B	\$3,942.25	\$1,405.79	\$2,536.46
<b>HEALTH NET SMARTCARE - BASIC PLAN A</b>			
Retiree on SmartCare Plan A	\$1,770.42	\$627.79	\$1,142.63
Retiree & 1 dependent on SmartCare Plan A	\$3,540.84	\$1,540.02	\$2,000.82
Retiree & 2 or more dependents on SmartCare Plan A	\$5,311.26	\$1,690.02	\$3,621.24
<b>HEALTH NET SMARTCARE - BASIC PLAN B</b>			
Retiree on SmartCare Plan B	\$1,184.52	\$627.79	\$556.73
Retiree & 1 dependent on SmartCare Plan B	\$2,369.04	\$1,540.02	\$829.02
Retiree & 2 or more dependents on SmartCare Plan B	\$3,553.56	\$1,690.02	\$1,863.54
<b>HEALTH NET CA &amp; OOS PPO PLAN - BASIC PLAN A</b>			
Retiree on PPO Basic Plan A	\$3,640.25	\$604.60	\$3,035.65
Retiree & 1 dependent on PPO Basic Plan A	\$7,280.50	\$1,436.25	\$5,844.25
Retiree & 2 or more dependents on PPO Basic Plan A	\$10,920.75	\$1,586.25	\$9,334.50

2024 CONTRA COSTA COUNTY  
MONTHLY MEDICAL AND DENTAL PREMIUMS

PLAN/COVERAGE DESCRIPTION	2024 TOTAL MONTHLY PREMIUM	2024 COUNTY SUBSIDY	2024 RETIREE MONTHLY SHARE
<b>EARLY RETIREES</b>			
<b>KAISER HIGH DEDUCTIBLE</b>			
Retiree on Basic Plan	\$603.14	\$478.91	\$124.23
Retiree & 1 dependent on Basic Plan	\$1,206.28	\$1,115.84	\$90.44
Retiree & 2 or more dependents on Basic Plan	\$1,809.42	\$1,265.84	\$543.58
<b>KAISER PERMANENTE - BASIC PLAN A</b>			
Retiree on Basic Plan A	\$945.36	\$478.91	\$466.45
Retiree & 1 dependent on Basic Plan A	\$1,890.72	\$1,115.84	\$774.88
Retiree & 2 or more dependents on Basic Plan A	\$2,836.08	\$1,265.84	\$1,570.24
<b>KAISER PERMANENTE - BASIC PLAN B</b>			
Retiree on Basic Plan B	\$751.38	\$478.91	\$272.47
Retiree & 1 dependent on Basic Plan B	\$1,502.76	\$1,115.84	\$386.92
Retiree & 2 or more dependents on Basic Plan B	\$2,254.14	\$1,265.84	\$988.30
<b>TEAMSTERS 856 TRUST FUND KP HEALTH PLAN</b>			
Retiree on Basic Plan	\$872.84	\$478.91	\$393.93
Retiree & 1 dependent on Basic Plan	\$1,786.32	\$1,115.84	\$670.48
Retiree & 2 or more dependents on Basic Plan	\$2,557.56	\$1,265.84	\$1,291.72

2024 CONTRA COSTA COUNTY  
MONTHLY MEDICAL AND DENTAL PREMIUMS

PLAN/COVERAGE DESCRIPTION	2024 TOTAL MONTHLY PREMIUM	2024 COUNTY SUBSIDY	2024 RETIREE MONTHLY SHARE
<b>SENIORITY PLUS/SENIOR ADVANTAGE PLANS</b>			
<b>HEALTH NET SENIORITY PLUS (HNSP) PLAN A</b>			
Retiree on HNSP Plan A	\$759.85	\$434.69	\$325.16
Retiree & 1 dependent on HNSP Plan A	\$1,519.70	\$844.38	\$675.32
Retiree & 2 dependents on HNSP Plan A	\$2,279.55	\$1,254.07	\$1,025.48
<b>HEALTH NET SENIORITY PLUS (HNSP) PLAN B</b>			
Retiree on HNSP Plan B	\$637.90	\$434.69	\$203.21
Retiree & 1 dependent on HNSP Plan B	\$1,275.80	\$844.38	\$431.42
Retiree & 2 dependents on HNSP Plan B	\$1,913.70	\$1,254.07	\$659.63
<b>HEALTH NET CA &amp; OOS PPO PLAN A WITH MEDICARE PARTS A &amp; B</b>			
Retiree on PPO Medicare Plan A	\$1,316.83	\$588.17	\$728.66
Retiree & 1 dependent on PPO Medicare Plan A	\$2,633.66	\$1,151.24	\$1,482.42
Retiree & 2 dependents on PPO Medicare Plan A	\$3,950.49	\$1,151.24	\$2,799.25
<b>KAISER PERMANENTE SENIOR ADVANTAGE (KPSA) PLAN A</b>			
Retiree on KPSA Plan A	\$357.44	\$288.94	\$68.50
Retiree & 1 dependent on KPSA Plan A	\$964.86	\$737.79	\$227.07
Retiree & 2 dependents on KPSA Plan A	\$964.86	\$964.59	\$0.27
<b>KAISER PERMANENTE SENIOR ADVANTAGE (KPSA) PLAN B</b>			
Retiree on KPSA Plan B	\$270.99	\$270.98	\$0.01
Retiree & 1 dependent on KPSA Plan B	\$731.23	\$731.22	\$0.01
Retiree & 2 dependents on KPSA Plan B	\$731.23	\$731.22	\$0.01

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MONTHLY MEDICAL AND DENTAL PREMIUMS

PLAN/COVERAGE DESCRIPTION	2024 TOTAL MONTHLY PREMIUM	2024 COUNTY SUBSIDY	2024 RETIREE MONTHLY SHARE
<b>MEDICARE COORDINATION OF BENEFITS PLANS (COB)</b>			
<b>CONTRA COSTA HEALTH PLAN - MEDICARE COORDINATION OF BENEFITS (COB) PLAN A</b>			
Retiree on Medicare COB Plan A	\$588.35	\$445.27	\$143.08
Retiree & 1 dependent on Medicare COB Plan A	\$1,176.70	\$865.54	\$311.16
Retiree & 2 dependents on Medicare COB Plan A	\$1,765.05	\$865.54	\$899.51
<b>CONTRA COSTA HEALTH PLAN - MEDICARE COORDINATION OF BENEFITS (COB) PLAN B</b>			
Retiree on Medicare COB Plan B	\$606.00	\$469.63	\$136.37
Retiree & 1 dependent on Medicare COB Plan B	\$1,212.01	\$914.26	\$297.75
Retiree & 2 dependents on Medicare COB Plan B	\$1,818.01	\$914.26	\$903.75
<b>HEALTH NET MEDICARE COORDINATION OF BENEFITS PLAN A (HNCOB)</b>			
Retiree on HNCOB Plan	\$934.49	\$492.13	\$442.36
Retiree & 1 dependent (2 on HNCOB)	\$1,868.98	\$959.29	\$909.69
Retiree & 2 dependents (3 on HNCOB)	\$2,803.47	\$959.29	\$1,844.18
<b>HEALTH NET MEDICARE COORDINATION OF BENEFITS PLAN B (HNCOB)</b>			
Retiree on HNCOB Plan	\$847.82	\$492.13	\$355.69
Retiree & 1 dependent (2 on HNCOB)	\$1,695.64	\$959.29	\$736.35
Retiree & 2 dependent (3 on HNCOB)	\$2,543.46	\$959.29	\$1,584.17

2024 CONTRA COSTA COUNTY  
MONTHLY MEDICAL AND DENTAL PREMIUMS

PLAN/COVERAGE DESCRIPTION	2024 TOTAL MONTHLY PREMIUM	2024 COUNTY SUBSIDY	2024 RETIREE MONTHLY SHARE
<b>COMBINATION PLANS</b>			
<b>COMBINATION OF CONTRA COSTA HEALTH PLAN - BASIC PLAN A &amp; MEDICARE COB PLAN A</b>			
Retiree on Medicare COB Plan A, and, 1 or more dependents on Basic Plan A	\$1,882.72	\$1,125.25	\$757.47
Retiree & 1 dependent on Medicare COB Plan A , and, 1 or more dependents on Basic Plan A	\$1,765.05	\$1,035.60	\$729.45
Retiree on Basic Plan A, and, 1 dependent on Medicare COB Plan A	\$1,882.72	\$1,125.25	\$757.47
Retiree on Basic Plan A, and, 2 or more dependents on Medicare COB Plan A	\$1,765.05	\$1,035.60	\$729.45
Retiree & 1 dependent on Basic Plan A, and, 1 dependent on Medicare COB Plan A	\$1,882.72	\$1,125.25	\$757.47
<b>COMBINATION OF CONTRA COSTA HEALTH PLAN - BASIC PLAN B &amp; MEDICARE COB PLAN B</b>			
Retiree on Medicare COB Plan B, and, 1 or more dependents on Basic Plan B	\$1,939.21	\$1,171.93	\$767.28
Retiree & 1 dependent on Medicare COB Plan B , and, 1 or more dependents on Basic Plan B	\$1,818.01	\$1,088.06	\$729.95
Retiree on Basic Plan B, and, 1 dependent on Medicare COB Plan B	\$1,939.21	\$1,171.93	\$767.28
Retiree on Basic Plan B, and, 2 or more dependents on Medicare COB Plan B	\$1,818.01	\$1,088.06	\$729.95
Retiree & 1 dependent on Basic Plan B, and, 1 dependent on Medicare COB Plan B	\$1,939.21	\$1,171.93	\$767.28

2024 CONTRA COSTA COUNTY  
MONTHLY MEDICAL AND DENTAL PREMIUMS

PLAN/COVERAGE DESCRIPTION	2024 TOTAL MONTHLY PREMIUM	2024 COUNTY SUBSIDY	2024 RETIREE MONTHLY SHARE
<b>COMBINATION PLANS</b>			
<b>COMBINATION OF HEALTH NET (SMARTCARE) BASIC PLAN A AND HEALTH NET SENIORITY PLUS PLAN A (HNSP)</b>			
Retiree on HNSP Plan A, and, 1 dependent on SmartCare Plan A	\$2,530.27	\$1,068.49	\$1,461.78
Retiree on HNSP Plan A, and, 2 dependents on SmartCare Plan A	\$4,300.69	\$1,949.71	\$2,350.98
Retiree on HNSP Plan A, and, 3 dependents on SmartCare Plan A	\$4,300.69	\$1,949.71	\$2,350.98
Retiree & 1 dependent on HNSP Plan A, and, 1 dependent on SmartCare Plan A	\$3,290.12	\$1,509.13	\$1,780.99
Retiree on SmartCare Plan A, and, 1 dependent on HNSP Plan A	\$2,530.27	\$1,068.49	\$1,461.78
Retiree & 1 dependent on SmartCare Plan A, and, 1 dependent on HNSP Plan A	\$4,300.69	\$1,949.71	\$2,350.98
<b>COMBINATION OF HEALTH NET (SMARTCARE) BASIC PLAN B AND HEALTH NET SENIORITY PLUS PLAN B (HNSP)</b>			
Retiree on HNSP Plan B, and, 1 dependent on SmartCare Plan B	\$1,822.42	\$1,068.49	\$753.93
Retiree on HNSP Plan B, and, 2 dependents on SmartCare Plan B	\$3,006.94	\$1,949.71	\$1,057.23
Retiree on HNSP Plan B, and, 3 dependents on SmartCare Plan B	\$3,006.94	\$1,949.71	\$1,057.23
Retiree & 1 dependent on HNSP Plan B, and, 1 dependent on SmartCare Plan B	\$2,460.32	\$1,509.13	\$951.19
Retiree on SmartCare Plan B, and, 1 dependent on HNSP Plan B	\$1,822.42	\$1,068.49	\$753.93
Retiree & 1 dependent on SmartCare Plan B, and, 1 dependent on HNSP Plan B	\$3,006.94	\$1,949.71	\$1,057.23
<b>COMBINATION OF HEALTH NET CA &amp; OOS PPO PLAN A - BASIC PLAN &amp; PPO MEDICARE PLAN A</b>			
Retiree on PPO Medicare Plan A, and, 1 dependent on PPO Basic Plan A	\$4,957.08	\$1,167.78	\$3,789.30
Retiree on PPO Basic Plan A, and, 1 dependent on PPO Medicare Plan A	\$4,957.08	\$1,167.78	\$3,789.30
Retiree & 1 dependent on PPO Medicare Plan A, and, 1 dependent on PPO Basic Plan A	\$6,273.91	\$1,730.84	\$4,543.07
Retiree on PPO Basic Plan A, and, 2 dependents on PPO Medicare Plan A	\$6,273.91	\$1,730.84	\$4,543.07
Retiree & 1 dependent on PPO Medicare Plan A, and, 2 dependents on PPO Basic Plan A	\$6,273.91	\$1,730.84	\$4,543.07
Retiree on PPO Medicare Plan A, and, 3 dependents on PPO Basic Plan A	\$8,597.33	\$1,730.84	\$6,866.49
<b>COMBINATION OF KAISER BASIC PLAN A AND KPSA PLAN A</b>			
Retiree on KPSA Plan A, and, 1 dependent on Basic Plan A	\$1,302.80	\$945.58	\$357.22
Retiree on Basic Plan A, and, 1 dependent on KPSA Plan A	\$1,552.78	\$945.58	\$607.20
Retiree on KPSA Plan A, and, 2 or more dependents on Basic Plan A	\$2,248.16	\$945.58	\$1,302.58
Retiree & 1 dependent on KPSA Plan A, and, 1 or more dependent on Basic Plan A	\$1,910.22	\$945.58	\$964.64
Retiree & 1 or more dependents on Basic Plan A, and, 1 dependent on KPSA Plan A	\$2,498.14	\$945.58	\$1,552.56
<b>COMBINATION OF KAISER BASIC PLAN B AND KPSA PLAN B</b>			
Retiree on KPSA Plan B, and, 1 dependent on Basic Plan B	\$1,022.37	\$945.58	\$76.79
Retiree on Basic Plan B, and, 1 dependent on KPSA Plan B	\$1,211.62	\$945.58	\$266.04
Retiree on KPSA Plan B, and, 2 or more dependents on Basic Plan B	\$1,773.75	\$945.58	\$828.17
Retiree & 1 dependent on KPSA Plan B, and, 1 or more dependent on Basic Plan B	\$1,482.61	\$945.58	\$537.03
Retiree & 1 or more dependents on Basic Plan B, and, 1 dependent on KPSA Plan B	\$1,963.00	\$945.58	\$1,017.42

2024 CONTRA COSTA COUNTY  
MONTHLY MEDICAL AND DENTAL PREMIUMS

PLAN/COVERAGE DESCRIPTION	2024 TOTAL MONTHLY PREMIUM	2024 COUNTY SUBSIDY	2024 RETIREE MONTHLY SHARE
<b>COORDINATION OF BENEFITS AND COMBINATION PLANS</b>			
<b>COMBINATION OF HEALTH NET SMARTCARE BASIC PLAN A AND HEALTH NET COORDINATION OF BENEFITS PLAN (HNCOB)</b>			
Retiree on HNCOB, and, 1 dependent on Basic Plan A	\$2,704.91	\$1,083.16	\$1,621.75
Retiree on Basic Plan A, and, 1 dependent on HNCOB	\$2,704.91	\$1,083.16	\$1,621.75
Retiree on HNCOB, and, 2 dependents on HN Basic Plan A	\$4,475.33	\$2,007.15	\$2,468.18
Retiree on HNCOB, and, 3 dependents on HN Basic Plan A	\$4,475.33	\$2,007.15	\$2,468.18
Retiree & 1 dependent on HNCOB, and, 1 dependent on Basic Plan A	\$3,639.40	\$1,562.08	\$2,077.32
Retiree on Basic Plan A, and 2 dependents on HNCOB	\$3,639.40	\$1,562.08	\$2,077.32
<b>COMBINATION OF HEALTH NET SMARTCARE BASIC PLAN B AND HEALTH NET COORDINATION OF BENEFITS PLAN (HNCOB)</b>			
Retiree on HNCOB, and, 1 dependent on Basic Plan B	\$2,032.34	\$1,083.16	\$949.18
Retiree on Basic Plan B, and, 1 dependent on HNCOB	\$2,032.34	\$1,083.16	\$949.18
Retiree on HNCOB, and, 2 dependents on HN Basic Plan B	\$3,216.86	\$2,007.15	\$1,209.71
Retiree on HNCOB, and, 3 dependents on HN Basic Plan B	\$3,216.86	\$2,007.15	\$1,209.71
Retiree & 1 dependent on HNCOB, and, 1 dependent on Basic Plan B	\$2,880.16	\$1,562.08	\$1,318.08
Retiree on Basic Plan B, and 2 dependents on HNCOB	\$2,880.16	\$1,562.08	\$1,318.08
<b>COORDINATION OF BENEFITS AND COMBINATION PLANS</b>			
<b>COMBINATION OF HEALTH NET SENIORITY PLUS PLAN A (HNSP) AND COORDINATION OF BENEFITS (COB) PLANS</b>			
Retiree on HNSP Plan A, and, dependent on Health Net Coordination of Benefits (COB) Plan	\$1,694.34	\$901.82	\$792.52
Retiree on Health Net Coordination of Benefits (COB) Plan, and, dependent on HNSP Plan A	\$1,694.34	\$901.82	\$792.52
<b>COMBINATION OF HEALTH NET SENIORITY B PLUS (HNSP) AND COORDINATION OF BENEFITS (COB) PLANS</b>			
Retiree on HNSP Plan B, and, dependent on Health Net Coordination of Benefits (COB) Plan	\$1,485.72	\$901.82	\$583.90
Retiree on Health Net Coordination of Benefits (COB) Plan, and, dependent on HNSP Plan B	\$1,485.72	\$901.82	\$583.90

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MONTHLY MEDICAL AND DENTAL PREMIUMS

PLAN/COVERAGE DESCRIPTION		2024 TOTAL MONTHLY PREMIUM	2024 COUNTY SUBSIDY	2024 RETIREE MONTHLY SHARE
<b>DENTAL</b>				
<b>DELTA DENTAL PREMIER PPO - \$1,800 ANNUAL MAXIMUM</b>				
For CCHP Plans	Retiree	\$46.52	\$41.17	\$5.35
	Retiree +1	\$105.08	\$93.00	\$12.08
	Retiree + 2 or more	\$105.08	\$93.00	\$12.08
For Health Net Plans	Retiree	\$46.52	\$34.02	\$12.50
	Retiree +1	\$105.08	\$76.77	\$28.31
	Retiree + 2 or more	\$105.08	\$76.77	\$28.31
For Kaiser Permanente Plans	Retiree	\$46.52	\$34.02	\$12.50
	Retiree +1	\$105.08	\$76.77	\$28.31
	Retiree + 2 or more	\$105.08	\$76.77	\$28.31
Without a Health Plan	Retiree	\$46.52	\$43.35	\$3.17
	Retiree +1	\$105.08	\$97.81	\$7.27
	Retiree + 2 or more	\$105.08	\$97.81	\$7.27

<b>DELTA CARE (HMO)</b>				
For CCHP Plans	Retiree	\$24.17	\$24.16	\$0.01
	Retiree +1	\$52.23	\$52.22	\$0.01
	Retiree + 2 or more	\$52.23	\$52.22	\$0.01
For Health Net Plans	Retiree	\$24.17	\$21.31	\$2.86
	Retiree +1	\$52.23	\$46.05	\$6.18
	Retiree + 2 or more	\$52.23	\$46.05	\$6.18
For Kaiser Permanente Plans	Retiree	\$24.17	\$21.31	\$2.86
	Retiree +1	\$52.23	\$46.05	\$6.18
	Retiree + 2 or more	\$52.23	\$46.05	\$6.18
Without a Health Plan	Retiree	\$24.17	\$24.16	\$0.01
	Retiree +1	\$52.23	\$52.22	\$0.01
	Retiree + 2 or more	\$52.23	\$52.22	\$0.01