

**2024 CONTRA COSTA COUNTY  
MONTHLY MEDICAL AND DENTAL PREMIUMS**

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

<b>PLAN COVERAGE DESCRIPTION</b>	<b>2024 TOTAL MONTHLY PREMIUM</b>	<b>MONTHLY ADMIN FEE</b>	<b>2024 SURVIVOR MONTHLY SHARE</b>
<b>CONTRA COSTA HEALTH PLAN A - BASIC PLAN</b>			
Survivor on Basic Plan	\$1,279.24	\$3.22	\$1,282.46
Survivor & 1 or more dependents on Basic Plan	\$3,047.81	\$3.22	\$3,051.03
<b>CONTRA COSTA HEALTH PLAN A - MEDICARE COORDINATION OF BENEFITS (COB) PLAN</b>			
Survivor on Medicare COB Plan	\$588.35	\$3.22	\$591.57
Survivor & 1 dependent on Medicare COB Plan A	\$1,176.70	\$3.22	\$1,179.92
<b>COMBINATION OF CONTRA COSTA HEALTH PLAN A - BASIC PLAN &amp; MEDICARE COB PLAN</b>			
Survivor on Medicare COB Plan and 1 or more dependents on Basic Plan	\$1,882.72	\$3.22	\$1,885.94
Survivor & 1 dependent on Medicare COB Plan and 1 or more dependents on Basic Plan	\$1,765.05	\$3.22	\$1,768.27
Survivor on Basic Plan and 1 dependent on Medicare COB Plan	\$1,882.72	\$3.22	\$1,885.94
Survivor on Basic Plan and 2 or more dependents on Medicare COB Plan	\$1,765.05	\$3.22	\$1,768.27
Survivor & 1 dependent on Basic Plan and 1 or more dependents on Medicare COB Plan	\$1,882.72	\$3.22	\$1,885.94
<b>CONTRA COSTA HEALTH PLAN B - BASIC PLAN</b>			
Survivor on Basic Plan	\$1,418.08	\$3.22	\$1,421.30
Survivor & 1 or more dependents on Basic Plan	\$3,369.48	\$3.22	\$3,372.70
<b>CONTRA COSTA HEALTH PLAN B - MEDICARE COORDINATION OF BENEFITS (COB) PLAN</b>			
Survivor on Medicare COB Plan	\$606.00	\$3.22	\$609.22
Survivor & 1 dependent on Medicare COB Plan A	\$1,212.01	\$3.22	\$1,215.23
<b>COMBINATION OF CONTRA COSTA HEALTH PLAN B - BASIC PLAN &amp; MEDICARE COB PLAN</b>			
Survivor on Medicare COB Plan and 1 or more dependents on Basic Plan	\$1,939.21	\$3.22	\$1,942.43
Survivor & 1 dependent on Medicare COB Plan and 1 or more dependents on Basic Plan	\$1,818.01	\$3.22	\$1,821.23
Survivor on Basic Plan and 1 dependent on Medicare COB Plan	\$1,939.21	\$3.22	\$1,942.43
Survivor on Basic Plan and 2 or more dependents on Medicare COB Plan	\$1,818.01	\$3.22	\$1,821.23
Survivor & 1 dependent on Basic Plan and 1 or more dependents on Medicare COB Plan	\$1,939.21	\$3.22	\$1,942.43

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<b>KAISER PERMANENTE - BASIC PLAN A</b>			
Survivor on Basic Plan A	\$1,033.06	\$3.22	\$1,036.28
Survivor & 1 or more dependents on Basic Plan A	\$2,407.04	\$3.22	\$2,410.26
<b>KAISER PERMANENTE SENIOR ADVANTAGE (KPSA) PLAN A</b>			
Survivor on KPSA Plan A	\$357.51	\$3.22	\$360.73
Survivor & 1 dependent on KPSA Plan A	\$965.55	\$3.22	\$968.77
Survivor & 2 dependents on KPSA Plan A	\$965.55	\$3.22	\$968.77
<b>COMBINATION OF KAISER BASIC PLAN A AND KPSA PLAN A</b>			
Survivor on KPSA Plan A, and, 1 or more dependents on Basic Plan A	\$1,731.49	\$3.22	\$1,734.71
Survivor & 1 or more dependents on Basic Plan A, and, 1 dependent on KPSA Plan A	\$1,641.10	\$3.22	\$1,644.32

<b>KAISER PERMANENTE - BASIC PLAN B</b>			
Survivor on Basic Plan B	\$842.28	\$3.22	\$845.50
Survivor & 1 or more dependents on Basic Plan B	\$1,962.50	\$3.22	\$1,965.72
<b>KAISER PERMANENTE SENIOR ADVANTAGE (KPSA) PLAN B</b>			
Survivor on KPSA Plan B	\$271.06	\$3.22	\$274.28
Survivor & 1 dependent on KPSA Plan B	\$731.92	\$3.22	\$735.14
Survivor & 2 dependents on KPSA Plan B	\$731.92	\$3.22	\$735.14
<b>COMBINATION OF KAISER BASIC PLAN B AND KPSA PLAN B</b>			
Survivor on KPSA Plan B, and, 1 or more dependents on Basic Plan B	\$1,391.28	\$3.22	\$1,394.50
Survivor & 1 or more dependents on Basic Plan B, and, 1 dependent on KPSA Plan B	\$1,303.14	\$3.22	\$1,306.36

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<b>HEALTH NET SMARTCARE - BASIC PLAN A</b>			
Retiree on SmartCare Plan A	\$1,895.68	\$3.22	\$1,898.90
Retiree & 1 or more dependents on SmartCare Plan A	\$4,644.42	\$3.22	\$4,647.64
<b>HEALTH NET SENIORITY PLUS (HNSP) PLAN A</b>			
Survivor on HNSP Plan A	\$759.85	\$3.22	\$763.07
Survivor & 1 dependent on HNSP Plan A	\$1,519.70	\$3.22	\$1,522.92
Survivor & 2 dependents on HNSP Plan A	\$2,279.55	\$3.22	\$2,282.77
<b>COMBINATION OF HEALTH NET SMARTCARE PLAN A AND HEALTH NET SENIORITY PLUS PLAN A (HNSP)</b>			
Survivor on HNSP Plan A, and, 1 dependent on SmartCare Plan A	\$2,655.53	\$3.22	\$2,658.75
Survivor on HNSP Plan A, and, 2 dependents on SmartCare Plan A	\$3,508.59	\$3.22	\$3,511.81
Survivor & 1 dependent on HNSP Plan A, and, 1 dependent on SmartCare Plan A	\$3,415.38	\$3.22	\$3,418.60
Survivor on SmartCare Plan A, and, 1 dependent on HNSP Plan A	\$2,655.53	\$3.22	\$2,658.75
Survivor & 1 dependent on SmartCare Plan A, and, 1 dependent on HNSP Plan A	\$3,508.59	\$3.22	\$3,511.81
<b>HEALTH NET SMARTCARE - BASIC PLAN B</b>			
Survivor on Basic Plan B	\$1,268.33	\$3.22	\$1,271.55
Survivor & 1 or more dependents on Basic Plan B	\$3,107.41	\$3.22	\$3,110.63
<b>HEALTH NET SENIORITY PLUS (HNSP) PLAN B</b>			
Survivor on HNSP Plan B	\$637.80	\$3.22	\$641.02
Survivor & 1 dependent on HNSP Plan B	\$1,275.80	\$3.22	\$1,279.02
Survivor & 2 dependents on HNSP Plan B	\$1,913.70	\$3.22	\$1,916.92
<b>COMBINATION OF HEALTH NET SMARTCARE PLAN B AND HEALTH NET SENIORITY PLUS PLAN B (HNSP)</b>			
Retiree on HNSP Plan B, and, 1 dependent on SmartCare Plan B	\$1,906.23	\$3.22	\$1,909.45
Retiree on HNSP Plan B, and, 2 dependents on SmartCare Plan B	\$2,476.98	\$3.22	\$2,480.20
Retiree & 1 dependent on HNSP Plan B, and, 1 dependent on SmartCare Plan B	\$2,544.13	\$3.22	\$2,547.35
Retiree on SmartCare Plan B, and, 1 dependent on HNSP Plan B	\$1,906.23	\$3.22	\$1,909.45
Retiree & 1 dependent on SmartCare Plan B, and, 1 dependent on HNSP Plan B	\$2,476.98	\$3.22	\$2,480.20

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<b>HEALTH NET MEDICARE COORDINATION OF BENEFITS PLAN A (HNCOB)</b>			
Survivor on HNCOB Plan	\$934.49	\$3.22	\$937.71
Survivor & 1 dependent (2 on HNCOB)	\$1,868.98	\$3.22	\$1,872.20
Survivor & 2 dependents (3 on HNCOB)	\$2,803.47	\$3.22	\$2,806.69
<b>COMBINATION OF HEALTH NET SMARTCARE PLAN A AND HEALTH NET COORDINATION OF BENEFITS PLAN</b>			
Survivor on HNCOB, and, 1 dependent on SmartCare Plan A	\$2,830.17	\$3.22	\$2,833.39
Survivor on SmartCare Plan A, and, 1 dependent on HNCOB	\$2,830.17	\$3.22	\$2,833.39
Survivor on HNCOB, and, 2 dependents on HN SmartCare Plan A	\$3,683.23	\$3.22	\$3,686.45
Survivor & 1 dependent on HNCOB, and, 1 dependent on SmartCare Plan A	\$3,764.66	\$3.22	\$3,767.88
Survivor on SmartCare Plan A, and 2 dependents on HNCOB	\$3,764.66	\$3.22	\$3,767.88
<b>COMBINATION OF HEALTH NET SENIORITY PLUS PLAN A (HNSP) AND COORDINATION OF BENEFITS (COB)</b>			
Survivor on HNSP Plan A, and, 1 dependent on Health Net Coordination of Benefits (COB) Plan	\$1,694.34	\$3.22	\$1,697.56
Survivor on Health Net Coordination of Benefits (COB) Plan, and, 1 dependent on HNSP Plan A	\$1,694.34	\$3.22	\$1,697.56
<b>HEALTH NET MEDICARE COORDINATION OF BENEFITS PLAN B (HNCOB)</b>			
Survivor on HNCOB Plan	\$847.82	\$3.22	\$851.04
Survivor & 1 dependent (2 on HNCOB)	\$1,695.64	\$3.22	\$1,698.86
Survivor & 2 dependents (3 on HNCOB)	\$2,543.46	\$3.22	\$2,546.68
<b>COMBINATION OF HEALTH NET BASIC PLAN B AND HEALTH NET COORDINATION OF BENEFITS PLAN (HNCOB)</b>			
Survivor on HNCOB, and, 1 dependent on Basic Plan B	\$2,116.15	\$3.22	\$2,119.37
Survivor on Basic Plan B, and, 1 dependent on HNCOB	\$2,116.15	\$3.22	\$2,119.37
Survivor on HNCOB, and, 2 dependents on HN Basic Plan B	\$2,686.90	\$3.22	\$2,690.12
Survivor & 1 dependent on HNCOB, and, 1 dependent on Basic Plan B	\$2,963.97	\$3.22	\$2,967.19
Survivor on Basic Plan B, and 2 dependents on HNCOB	\$2,963.97	\$3.22	\$2,967.19
<b>COMBINATION OF HEALTH NET SENIORITY B PLUS (HNSP) AND COORDINATION OF BENEFITS (COB) PLANS</b>			
Survivor on HNSP Plan B, and, 1 dependent on Health Net Coordination of Benefits (COB) Plan	\$1,485.72	\$3.22	\$1,488.94
Survivor on Health Net Coordination of Benefits (COB) Plan, and, 1 dependent on HNSP Plan B	\$1,485.72	\$3.22	\$1,488.94

PLAN COVERAGE DESCRIPTION	2024 TOTAL MONTHLY PREMIUM	MONTHLY ADMIN FEE	2024 SURVIVOR MONTHLY SHARE
<b>HEALTH NET CA &amp; OOS PPO PLAN - BASIC PLAN</b>			
Survivor on PPO Basic Plan	\$3,764.54	\$3.22	\$3,767.76
Survivor & 1 or more dependents on PPO Basic Plan	\$8,959.61	\$3.22	\$8,962.83
<b>HEALTH NET CA &amp; OOS PPO PLAN WITH MEDICARE PARTS A &amp; B</b>			
Survivor on PPO Medicare Plan	\$1,316.83	\$3.22	\$1,320.05
Survivor & 1 dependent on PPO Medicare Plan	\$2,633.66	\$3.22	\$2,636.88
Survivor & 2 dependents on PPO Medicare Plan	\$3,950.49	\$3.22	\$3,953.71
<b>COMBINATION OF HEALTH NET CA &amp; OOS PPO PLAN - BASIC PLAN &amp; PPO MEDICARE PLAN</b>			
Survivor on PPO Medicare Plan and 1 dependent on PPO Basic Plan	\$5,081.37	\$3.22	\$5,084.59
Survivor on PPO Basic Plan and 1 dependent on PPO Medicare Plan	\$5,081.37	\$3.22	\$5,084.59
Survivor & 1 dependent on PPO Medicare Plan and 1 dependent on PPO Basic Plan	\$6,398.20	\$3.22	\$6,401.42
Survivor on PPO Basic Plan and 2 dependents on PPO Medicare Plan	\$6,398.20	\$3.22	\$6,401.42

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<b>DELTA DENTAL PREMIER PPO - \$1,800 ANNUAL BENEFIT</b>				
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

<b>DELTA CARE (HMO)</b>				
For CCHP Plans	Survivor	\$24.17	\$0.00	\$24.17
	Family	\$52.23	\$0.00	\$52.23
For Health Net Plans	Survivor	\$24.17	\$0.00	\$24.17
	Family	\$52.23	\$0.00	\$52.23
For Kaiser Permanente Plans	Survivor	\$24.17	\$0.00	\$24.17
	Family	\$52.23	\$0.00	\$52.23
Without a Health Plan	Survivor	\$24.17	\$3.22	\$27.39
	Family	\$52.23	\$3.22	\$55.45