

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

RETIREE CNA COBRA PARTICIPANTS

PLAN COVERAGE DESCRIPTION	2024 TOTAL MONTHLY PREMIUM	MONTHLY ADMIN FEE	PARTICIPANT MONTHLY SHARE
CONTRA COSTA HEALTH PLAN A - BASIC PLAN			
Retiree on Basic Plan	\$1,279.24	\$25.58	\$1,304.82
Retiree & 1 or more dependents on Basic Plan	\$3,047.81	\$60.96	\$3,108.77
CONTRA COSTA HEALTH PLAN B - BASIC PLAN			
Retiree on Basic Plan	\$1,418.04	\$28.36	\$1,446.40
Retiree & 1 or more dependents on Basic Plan	\$3,369.48	\$67.39	\$3,436.87
KAISER PERMANENTE - BASIC PLAN A			
Retiree on Basic Plan A	\$1,033.06	\$20.66	\$1,053.72
Retiree & 1 or more dependents on Basic Plan A	\$2,407.04	\$48.14	\$2,455.18
KAISER PERMANENTE - BASIC PLAN B			
Retiree on Basic Plan B	\$842.28	\$16.85	\$859.13
Retiree & 1 or more dependents on Basic Plan B	\$1,962.50	\$39.25	\$2,001.75
HEALTH NET HMO SMARTCARE - PLAN A			
Retiree on SmartCare Plan A	\$1,895.68	\$37.91	\$1,933.59
Retiree & 1 or more dependents on SmartCare Plan A	\$4,644.42	\$92.89	\$4,737.31
HEALTH NET HMO SMARTCARE- PLAN B			
Retiree on Basic SmartCare Plan B	\$1,268.33	\$25.37	\$1,293.70
Retiree & 1 or more dependents on SmartCare Plan B	\$3,107.41	\$62.15	\$3,169.56

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DELTA DENTAL PREMIER PPO - \$1,800 ANNUAL BENEFIT				
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

DELTA CARE (HMO)				
For CCHP Plans	Retiree	\$24.17	\$0.48	\$24.65
	Family	\$52.23	\$1.04	\$53.27
For Health Net Plans	Retiree	\$24.17	\$0.48	\$24.65
	Family	\$52.23	\$1.04	\$53.27
For Kaiser Permanente Plans	Retiree	\$24.17	\$0.48	\$24.65
	Family	\$52.23	\$1.04	\$53.27
Without a Health Plan	Retiree	\$24.17	\$0.48	\$24.65
	Family	\$52.23	\$1.04	\$53.27