

PLAN/COVERAGE DESCRIPTION	2024 TOTAL MONTHLY PREMIUM	MONTHLY ADMIN FEE	2024 RETIREE MONTHLY SHARE
CONTRA COSTA HEALTH PLAN - BASIC PLAN A			
Retiree on Basic Plan A	\$1,185.45	\$23.71	\$1,209.16
Retiree & 1 dependent on Basic Plan A	\$2,370.85	\$47.42	\$2,418.27
Retiree & 2 or more dependents on Basic Plan A	\$3,556.32	\$71.13	\$3,627.45
CONTRA COSTA HEALTH PLAN - BASIC PLAN B			
Retiree on Basic Plan B	\$1,314.08	\$26.28	\$1,340.36
Retiree & 1 dependent on Basic Plan B	\$2,628.15	\$52.56	\$2,680.71
Retiree & 2 or more dependents on Basic Plan B	\$3,942.25	\$78.85	\$4,021.10
HEALTH NET SMARTCARE - BASIC PLAN A			
Retiree on Basic Plan A	\$1,770.42	\$35.41	\$1,805.83
Retiree & 1 dependent on Basic Plan A	\$3,540.84	\$70.82	\$3,611.66
Retiree & 2 or more dependents on Basic Plan A	\$5,311.26	\$106.23	\$5,417.49
HEALTH NET SMARTCARE - BASIC PLAN B			
Retiree on Basic Plan B	\$1,184.52	\$23.69	\$1,208.21
Retiree & 1 dependent on Basic Plan B	\$2,369.04	\$47.38	\$2,416.42
Retiree & 2 or more dependents on Basic Plan B	\$3,553.56	\$71.07	\$3,624.63
HEALTH NET CA & OOS PPO PLAN - BASIC PLAN A			
Retiree on PPO Basic Plan A	\$3,640.25	\$72.81	\$3,713.06
Retiree & 1 dependent on PPO Basic Plan A	\$7,280.50	\$145.61	\$7,426.11
Retiree & 2 or more dependents on PPO Basic Plan A	\$10,920.80	\$218.42	\$11,139.22

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KAISER HIGH DEDUCTIBLE			
Retiree on Basic Plan	\$603.14	\$12.06	\$615.20
Retiree & 1 dependent on Basic Plan	\$1,206.28	\$24.13	\$1,230.41
Retiree & 2 or more dependents on Basic Plan	\$1,809.42	\$36.19	\$1,845.61
KAISER PERMANENTE - BASIC PLAN A			
Retiree on Basic Plan A	\$945.36	\$18.91	\$964.27
Retiree & 1 dependent on Basic Plan A	\$1,890.72	\$37.81	\$1,928.53
Retiree & 2 or more dependents on Basic Plan A	\$2,836.08	\$56.72	\$2,892.80
KAISER PERMANENTE - BASIC PLAN B			
Retiree on Basic Plan B	\$751.38	\$15.03	\$766.41
Retiree & 1 dependent on Basic Plan B	\$1,502.76	\$30.06	\$1,532.82
Retiree & 2 or more dependents on Basic Plan B	\$2,254.14	\$45.08	\$2,299.22
TEAMSTERS 856 TRUST FUND KP HEALTH PLAN			
Retiree on Basic Plan	\$872.84	\$17.46	\$890.30
Retiree & 1 dependent on Basic Plan	\$1,786.32	\$35.73	\$1,822.05
Retiree & 2 or more dependents on Basic Plan	\$2,557.56	\$51.15	\$2,608.71

PLAN/COVERAGE DESCRIPTION		2024 TOTAL MONTHLY PREMIUM	MONTHLY ADMIN FEE	2024 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	\$24.17	\$0.48	\$23.69
	Retiree +1	\$52.23	\$1.04	\$51.19
	Retiree + 2 or more	\$52.23	\$1.04	\$51.19
For Health Net Plans	Retiree	\$24.17	\$0.48	\$23.69
	Retiree +1	\$52.23	\$1.04	\$51.19
	Retiree + 2 or more	\$52.23	\$1.04	\$51.19
For Kaiser Permanente Plans	Retiree	\$24.17	\$0.48	\$23.69
	Retiree +1	\$52.23	\$1.04	\$51.19
	Retiree + 2 or more	\$52.23	\$1.04	\$51.19
Without a Health Plan	Retiree	\$24.17	\$0.48	\$24.65
	Retiree +1	\$52.23	\$1.04	\$53.27
	Retiree + 2 or more	\$52.23	\$1.04	\$53.27