

2020 CONTRA COSTA COUNTY
MONTHLY MEDICAL AND DENTAL PREMIUMS

RSG SETTLEMENT CLASS OPT-OUT RETIRED ON OR BEFORE DECEMEBER 31, 2015

PLAN/COVERAGE DESCRIPTION	2020 TOTAL MONTHLY PREMIUM	2020 COUNTY SUBSIDY	2020 RETIREE MONTHLY SHARE
EARLY RETIREES			
CONTRA COSTA HEALTH PLAN - BASIC PLAN A			
Retiree on Basic Plan A	\$892.18	\$509.92	\$382.26
Retiree & 1 dependent on Basic Plan A	\$1,784.34	\$1,214.90	\$569.44
Retiree & 2 or more dependents on Basic Plan A	\$2,676.54	\$1,214.90	\$1,461.64
CONTRA COSTA HEALTH PLAN - BASIC PLAN B			
Retiree on Basic Plan B	\$989.00	\$528.50	\$460.50
Retiree & 1 dependent on Basic Plan B	\$1,978.00	\$1,255.79	\$722.21
Retiree & 2 or more dependents on Basic Plan B	\$2,967.00	\$1,255.79	\$1,711.21
HEALTH NET HMO PLAN - BASIC PLAN A			
Retiree on Basic Plan A	\$1,761.04	\$627.79	\$1,133.25
Retiree & 1 dependent on Basic Plan A	\$3,522.08	\$1,540.02	\$1,982.06
Retiree & 2 or more dependents on Basic Plan A	\$5,283.12	\$1,540.02	\$3,743.10
HEALTH NET HMO PLAN - BASIC PLAN B			
Retiree on Basic Plan B	\$1,224.60	\$627.79	\$596.81
Retiree & 1 dependent on Basic Plan B	\$2,449.20	\$1,540.02	\$909.18
Retiree & 2 or more dependents on Basic Plan B	\$3,673.80	\$1,540.02	\$2,133.78
HEALTH NET SMARTCARE HMO A NEW PLAN			
Retiree on Basic Plan A	\$1,322.48	\$478.91	\$843.57
Retiree & 1 dependent on Basic Plan A	\$2,644.96	\$1,115.84	\$1,529.12
Retiree & 2 or more dependents on Basic Plan A	\$3,967.44	\$1,115.84	\$2,851.60
HEALTH NET SMARTCARE HMO B NEW PLAN			
Retiree on Basic Plan B	\$942.98	\$478.91	\$464.07
Retiree & 1 dependent on Basic Plan B	\$1,885.96	\$1,115.84	\$770.12
Retiree & 2 or more dependents on Basic Plan B	\$2,828.94	\$1,115.84	\$1,713.10
HEALTH NET CA & OOS PPO PLAN - BASIC PLAN A			
Retiree on PPO Basic Plan A	\$2,691.46	\$604.60	\$2,086.86
Retiree & 1 dependent on PPO Basic Plan A	\$5,382.92	\$1,436.25	\$3,946.67
Retiree & 2 or more dependents on PPO Basic Plan A	\$8,074.38	\$1,436.25	\$6,638.13

2020 CONTRA COSTA COUNTY
MONTHLY MEDICAL AND DENTAL PREMIUMS

PLAN/COVERAGE DESCRIPTION	2020 TOTAL MONTHLY PREMIUM	2020 COUNTY SUBSIDY	2020 RETIREE MONTHLY SHARE
EARLY RETIREES			
KAISER HIGH DEDUCTIBLE			
Retiree on Basic Plan	\$560.90	\$478.91	\$81.99
Retiree & 1 dependent on Basic Plan	\$1,121.80	\$1,115.84	\$5.96
Retiree & 2 or more dependents on Basic Plan	\$1,682.70	\$1,115.84	\$566.86
KAISER PERMANENTE - BASIC PLAN A			
Retiree on Basic Plan A	\$879.23	\$478.91	\$400.32
Retiree & 1 dependent on Basic Plan A	\$1,758.46	\$1,115.84	\$642.62
Retiree & 2 or more dependents on Basic Plan A	\$2,637.69	\$1,115.84	\$1,521.85
KAISER PERMANENTE - BASIC PLAN B			
Retiree on Basic Plan B	\$698.82	\$478.91	\$219.91
Retiree & 1 dependent on Basic Plan B	\$1,397.64	\$1,115.84	\$281.80
Retiree & 2 or more dependents on Basic Plan B	\$2,096.46	\$1,115.84	\$980.62
TEAMSTERS 856 TRUST FUND KP HEALTH PLAN			
Retiree on Basic Plan	\$690.80	\$478.91	\$211.89
Retiree & 1 dependent on Basic Plan	\$1,423.76	\$1,115.84	\$307.92
Retiree & 2 or more dependents on Basic Plan	\$2,043.36	\$1,115.84	\$927.52

2020 CONTRA COSTA COUNTY
MONTHLY MEDICAL AND DENTAL PREMIUMS

PLAN/COVERAGE DESCRIPTION	2020 TOTAL MONTHLY PREMIUM	2020 COUNTY SUBSIDY	2020 RETIREE MONTHLY SHARE
SENIORITY PLUS/SENIOR ADVANTAGE PLANS			
HEALTH NET SENIORITY PLUS (HNSP) PLAN A			
Retiree on HNSP Plan A	\$663.07	\$409.69	\$253.38
Retiree & 1 dependent on HNSP Plan A	\$1,326.14	\$819.38	\$506.76
Retiree & 2 dependents on HNSP Plan A	\$1,989.21	\$1,229.07	\$760.14
HEALTH NET SENIORITY PLUS (HNSP) PLAN B			
Retiree on HNSP Plan B	\$556.65	\$409.69	\$146.96
Retiree & 1 dependent on HNSP Plan B	\$1,113.30	\$819.38	\$293.92
Retiree & 2 dependents on HNSP Plan B	\$1,669.95	\$1,229.07	\$440.88
HEALTH NET CA & OOS PPO PLAN A WITH MEDICARE PARTS A & B			
Retiree on PPO Medicare Plan A	\$1,231.57	\$563.17	\$668.40
Retiree & 1 dependent on PPO Medicare Plan A	\$2,463.14	\$1,126.24	\$1,336.90
Retiree & 2 dependents on PPO Medicare Plan A	\$3,694.71	\$1,126.24	\$2,568.47
KAISER PERMANENTE SENIOR ADVANTAGE (KPSA) PLAN A			
Retiree on KPSA Plan A	\$386.21	\$263.94	\$122.27
Retiree & 1 dependent on KPSA Plan A	\$1,042.60	\$712.79	\$329.81
Retiree & 2 dependents on KPSA Plan A	\$1,042.60	\$1,042.59	\$0.01
KAISER PERMANENTE SENIOR ADVANTAGE (KPSA) PLAN B			
Retiree on KPSA Plan B	\$292.77	\$263.94	\$28.83
Retiree & 1 dependent on KPSA Plan B	\$790.08	\$712.79	\$77.29
Retiree & 2 dependents on KPSA Plan B	\$790.08	\$790.07	\$0.01

2020 CONTRA COSTA COUNTY
MONTHLY MEDICAL AND DENTAL PREMIUMS

PLAN/COVERAGE DESCRIPTION	2020 TOTAL MONTHLY PREMIUM	2020 COUNTY SUBSIDY	2020 RETIREE MONTHLY SHARE
MEDICARE COORDINATION OF BENEFITS PLANS (COB)			
CONTRA COSTA HEALTH PLAN - MEDICARE COORDINATION OF BENEFITS (COB) PLAN A			
Retiree on Medicare COB Plan A	\$442.80	\$420.27	\$22.53
Retiree & 1 dependent on Medicare COB Plan A	\$885.61	\$840.54	\$45.07
Retiree & 2 dependents on Medicare COB Plan A	\$1,328.41	\$840.54	\$487.87
CONTRA COSTA HEALTH PLAN - MEDICARE COORDINATION OF BENEFITS (COB) PLAN B			
Retiree on Medicare COB Plan B	\$456.09	\$444.63	\$11.46
Retiree & 1 dependent on Medicare COB Plan B	\$912.18	\$889.26	\$22.92
Retiree & 2 dependents on Medicare COB Plan B	\$1,368.26	\$889.26	\$479.00
HEALTH NET MEDICARE COORDINATION OF BENEFITS PLAN A (HNCOB)			
Retiree on HNCOB Plan	\$899.85	\$467.13	\$432.72
Retiree & 1 dependent (2 on HNCOB)	\$1,799.70	\$934.29	\$865.41
Retiree & 2 dependents (3 on HNCOB)	\$2,699.55	\$934.29	\$1,765.26
HEALTH NET MEDICARE COORDINATION OF BENEFITS PLAN B (HNCOB)			
Retiree on HNCOB Plan	\$836.62	\$467.13	\$369.49
Retiree & 1 dependent (2 on HNCOB)	\$1,673.24	\$934.29	\$738.95
Retiree & 2 dependent (3 on HNCOB)	\$2,509.86	\$934.29	\$1,575.57
HEALTH NET SMARTCARE MEDICARE COORDINATION OF BENEFITS PLAN A (HNCOB) NEW PLAN			
Retiree on HNCOB Plan	\$891.07	\$263.94	\$627.13
Retiree & 1 dependent (2 on HNCOB)	\$1,782.14	\$712.79	\$1,069.35
Retiree & 2 dependents (3 on HNCOB)	\$2,673.21	\$1,161.65	\$1,511.56
HEALTH NET SMARTCARE MEDICARE COORDINATION OF BENEFITS PLAN B (HNCOB) NEW PLAN			
Retiree on HNCOB Plan	\$816.21	\$263.94	\$552.27
Retiree & 1 dependent (2 on HNCOB)	\$1,632.42	\$712.79	\$919.63
Retiree & 2 dependent (3 on HNCOB)	\$2,448.63	\$1,161.65	\$1,286.98

2020 CONTRA COSTA COUNTY
MONTHLY MEDICAL AND DENTAL PREMIUMS

PLAN/COVERAGE DESCRIPTION	2020 TOTAL MONTHLY PREMIUM	2020 COUNTY SUBSIDY	2020 RETIREE MONTHLY SHARE
COMBINATION PLANS			
COMBINATION OF CONTRA COSTA HEALTH PLAN - BASIC PLAN A & MEDICARE COB PLAN A			
Retiree on Medicare COB Plan A, and, 1 or more dependents on Basic Plan A	\$1,416.98	\$1,125.25	\$291.73
Retiree & 1 dependent on Medicare COB Plan A , and, 1 or more dependents on Basic Plan A	\$1,328.41	\$1,035.60	\$292.81
Retiree on Basic Plan A, and, 1 dependent on Medicare COB Plan A	\$1,416.98	\$1,125.25	\$291.73
Retiree on Basic Plan A, and, 2 or more dependents on Medicare COB Plan A	\$1,328.41	\$1,035.60	\$292.81
Retiree & 1 dependent on Basic Plan A, and, 1 dependent on Medicare COB Plan A	\$1,416.98	\$1,125.25	\$291.73
COMBINATION OF CONTRA COSTA HEALTH PLAN - BASIC PLAN B & MEDICARE COB PLAN B			
Retiree on Medicare COB Plan B, and, 1 or more dependents on Basic Plan B	\$1,459.48	\$1,171.93	\$287.55
Retiree & 1 dependent on Medicare COB Plan B , and, 1 or more dependents on Basic Plan B	\$1,368.26	\$1,088.06	\$280.20
Retiree on Basic Plan B, and, 1 dependent on Medicare COB Plan B	\$1,459.48	\$1,171.93	\$287.55
Retiree on Basic Plan B, and, 2 or more dependents on Medicare COB Plan B	\$1,368.26	\$1,088.06	\$280.20
Retiree & 1 dependent on Basic Plan B, and, 1 dependent on Medicare COB Plan B	\$1,459.48	\$1,171.93	\$287.55
COMBINATION OF HEALTH NET BASIC PLAN A AND HEALTH NET SENIORITY PLUS PLAN A (HNSP)			
Retiree on HNSP Plan A, and, 1 dependent on Basic Plan A	\$2,424.11	\$1,068.49	\$1,355.62
Retiree on HNSP Plan A, and, 2 dependents on Basic Plan A	\$4,185.15	\$1,949.71	\$2,235.44
Retiree on HNSP Plan A, and, 3 dependents on Basic Plan A	\$4,185.15	\$1,949.71	\$2,235.44
Retiree & 1 dependent on HNSP Plan A, and, 1 dependent on Basic Plan A	\$3,087.18	\$1,509.13	\$1,578.05
Retiree on Basic Plan A, and, 1 dependent on HNSP Plan A	\$2,424.11	\$1,068.49	\$1,355.62
Retiree & 1 dependent on Basic Plan A, and, 1 dependent on HNSP Plan A	\$4,185.15	\$1,949.71	\$2,235.44
COMBINATION OF HEALTH NET BASIC PLAN B AND HEALTH NET SENIORITY PLUS PLAN B (HNSP)			
Retiree on HNSP Plan B, and, 1 dependent on Basic Plan B	\$1,781.25	\$1,068.49	\$712.76
Retiree on HNSP Plan B, and, 2 dependents on Basic Plan B	\$3,005.85	\$1,949.71	\$1,056.14
Retiree on HNSP Plan B, and, 3 dependents on Basic Plan B	\$3,005.85	\$1,949.71	\$1,056.14
Retiree & 1 dependent on HNSP Plan B, and, 1 dependent on Basic Plan B	\$2,337.90	\$1,509.13	\$828.77
Retiree on Basic Plan B, and, 1 dependent on HNSP Plan B	\$1,781.25	\$1,068.49	\$712.76
Retiree & 1 dependent on Basic Plan B, and, 1 dependent on HNSP Plan B	\$3,005.85	\$1,949.71	\$1,056.14

2020 CONTRA COSTA COUNTY
MONTHLY MEDICAL AND DENTAL PREMIUMS

PLAN/COVERAGE DESCRIPTION	2020 TOTAL MONTHLY PREMIUM	2020 COUNTY SUBSIDY	2020 RETIREE MONTHLY SHARE
COMBINATION PLANS			
COMBINATION OF HEALTH NET (SMARTCARE) BASIC PLAN A AND HEALTH NET SENIORITY PLUS PLAN A (HNSP) NEW PLAN			
Retiree on HNSP Plan A, and, 1 dependent on Basic Plan A	\$1,985.55	\$945.58	\$1,039.97
Retiree on HNSP Plan A, and, 2 dependents on Basic Plan A	\$3,308.03	\$945.58	\$2,362.45
Retiree on HNSP Plan A, and, 3 dependents on Basic Plan A	\$3,308.03	\$945.58	\$2,362.45
Retiree & 1 dependent on HNSP Plan A, and, 1 dependent on Basic Plan A	\$2,648.62	\$945.58	\$1,703.04
Retiree on Basic Plan A, and, 1 dependent on HNSP Plan A	\$1,985.55	\$945.58	\$1,039.97
Retiree & 1 dependent on Basic Plan A, and, 1 dependent on HNSP Plan A	\$3,308.03	\$945.58	\$2,362.45
COMBINATION OF HEALTH NET (SMARTCARE) BASIC PLAN B AND HEALTH NET SENIORITY PLUS PLAN B (HNSP) NEW PLAN			
Retiree on HNSP Plan B, and, 1 dependent on Basic Plan B	\$1,499.63	\$945.58	\$554.05
Retiree on HNSP Plan B, and, 2 dependents on Basic Plan B	\$2,442.61	\$945.58	\$1,497.03
Retiree on HNSP Plan B, and, 3 dependents on Basic Plan B	\$2,442.61	\$945.58	\$1,497.03
Retiree & 1 dependent on HNSP Plan B, and, 1 dependent on Basic Plan B	\$2,056.28	\$945.58	\$1,110.70
Retiree on Basic Plan B, and, 1 dependent on HNSP Plan B	\$1,499.63	\$945.58	\$554.05
Retiree & 1 dependent on Basic Plan B, and, 1 dependent on HNSP Plan B	\$2,442.61	\$945.58	\$1,497.03
COMBINATION OF HEALTH NET CA & OOS PPO PLAN A - BASIC PLAN & PPO MEDICARE PLAN A			
Retiree on PPO Medicare Plan A, and, 1 dependent on PPO Basic Plan A	\$3,923.03	\$1,167.78	\$2,755.25
Retiree on PPO Basic Plan A, and, 1 dependent on PPO Medicare Plan A	\$3,923.03	\$1,167.78	\$2,755.25
Retiree & 1 dependent on PPO Medicare Plan A, and, 1 dependent on PPO Basic Plan A	\$5,154.60	\$1,730.84	\$3,423.76
Retiree on PPO Basic Plan A, and, 2 dependents on PPO Medicare Plan A	\$5,154.60	\$1,730.84	\$3,423.76
Retiree & 1 dependent on PPO Medicare Plan A, and, 2 dependents on PPO Basic Plan A	\$5,154.60	\$1,730.84	\$3,423.76
Retiree on PPO Medicare Plan A, and, 3 dependents on PPO Basic Plan A	\$6,614.49	\$1,730.84	\$4,883.65
COMBINATION OF KAISER BASIC PLAN A AND KPSA PLAN A			
Retiree on KPSA Plan A, and, 1 dependent on Basic Plan A	\$1,265.44	\$945.58	\$319.86
Retiree on Basic Plan A, and, 1 dependent on KPSA Plan A	\$1,535.62	\$945.58	\$590.04
Retiree on KPSA Plan A, and, 2 or more dependents on Basic Plan A	\$2,144.67	\$945.58	\$1,199.09
Retiree & 1 dependent on KPSA Plan A, and, 1 or more dependent on Basic Plan A	\$1,921.83	\$945.58	\$976.25
Retiree & 1 or more dependents on Basic Plan A, and, 1 dependent on KPSA Plan A	\$2,414.85	\$945.58	\$1,469.27
COMBINATION OF KAISER BASIC PLAN B AND KPSA PLAN B			
Retiree on KPSA Plan B, and, 1 dependent on Basic Plan B	\$991.59	\$945.58	\$46.01
Retiree on Basic Plan B, and, 1 dependent on KPSA Plan B	\$1,196.13	\$945.58	\$250.55
Retiree on KPSA Plan B, and, 2 or more dependents on Basic Plan B	\$1,690.41	\$945.58	\$744.83
Retiree & 1 dependent on KPSA Plan B, and, 1 or more dependent on Basic Plan B	\$1,488.90	\$945.58	\$543.32
Retiree & 1 or more dependents on Basic Plan B, and, 1 dependent on KPSA Plan B	\$1,894.95	\$945.58	\$949.37

2020 CONTRA COSTA COUNTY
MONTHLY MEDICAL AND DENTAL PREMIUMS

PLAN/COVERAGE DESCRIPTION	2020 TOTAL MONTHLY PREMIUM	2020 COUNTY SUBSIDY	2020 RETIREE MONTHLY SHARE
COORDINATION OF BENEFITS AND COMBINATION PLANS			
COMBINATION OF HEALTH NET BASIC PLAN A AND HEALTH NET COORDINATION OF BENEFITS PLAN (HNCOB)			
Retiree on HNCOB, and, 1 dependent on Basic Plan A	\$2,660.89	\$1,083.16	\$1,577.73
Retiree on Basic Plan A, and, 1 dependent on HNCOB	\$2,660.89	\$1,083.16	\$1,577.73
Retiree on HNCOB, and, 2 dependents on HN Basic Plan A	\$4,421.93	\$2,007.15	\$2,414.78
Retiree on HNCOB, and, 3 dependents on HN Basic Plan A	\$4,421.93	\$2,007.15	\$2,414.78
Retiree & 1 dependent on HNCOB, and, 1 dependent on Basic Plan A	\$3,560.74	\$1,562.08	\$1,998.66
Retiree on Basic Plan A, and 2 dependents on HNCOB	\$3,560.74	\$1,562.08	\$1,998.66
COMBINATION OF HEALTH NET BASIC PLAN B AND HEALTH NET COORDINATION OF BENEFITS PLAN (HNCOB)			
Retiree on HNCOB, and, 1 dependent on Basic Plan B	\$2,061.22	\$1,083.16	\$978.06
Retiree on Basic Plan B, and, 1 dependent on HNCOB	\$2,061.22	\$1,083.16	\$978.06
Retiree on HNCOB, and, 2 dependents on HN Basic Plan B	\$3,285.82	\$2,007.15	\$1,278.67
Retiree on HNCOB, and, 3 dependents on HN Basic Plan B	\$3,285.82	\$2,007.15	\$1,278.67
Retiree & 1 dependent on HNCOB, and, 1 dependent on Basic Plan B	\$2,897.84	\$1,562.08	\$1,335.76
Retiree on Basic Plan B, and 2 dependents on HNCOB	\$2,897.84	\$1,562.08	\$1,335.76
COMBINATION OF HEALTH NET SMARTCARE BASIC PLAN A AND HEALTH NET COORDINATION OF BENEFITS PLAN (HNCOB) NEW PLAN			
Retiree on HNCOB, and, 1 dependent on Basic Plan A	\$2,213.55	\$945.58	\$1,267.97
Retiree on Basic Plan A, and, 1 dependent on HNCOB	\$2,213.55	\$945.58	\$1,267.97
Retiree on HNCOB, and, 2 dependents on HN Basic Plan A	\$3,536.03	\$945.58	\$2,590.45
Retiree on HNCOB, and, 3 dependents on HN Basic Plan A	\$3,536.03	\$945.58	\$2,590.45
Retiree & 1 dependent on HNCOB, and, 1 dependent on Basic Plan A	\$3,104.62	\$945.58	\$2,159.04
Retiree on Basic Plan A, and 2 dependents on HNCOB	\$3,104.62	\$945.58	\$2,159.04
COMBINATION OF HEALTH NET SMARTCARE BASIC PLAN B AND HEALTH NET COORDINATION OF BENEFITS PLAN (HNCOB) NEW PLAN			
Retiree on HNCOB, and, 1 dependent on Basic Plan B	\$1,759.19	\$945.58	\$813.61
Retiree on Basic Plan B, and, 1 dependent on HNCOB	\$1,759.19	\$945.58	\$813.61
Retiree on HNCOB, and, 2 dependents on HN Basic Plan B	\$2,702.17	\$945.58	\$1,756.59
Retiree on HNCOB, and, 3 dependents on HN Basic Plan B	\$2,702.17	\$945.58	\$1,756.59
Retiree & 1 dependent on HNCOB, and, 1 dependent on Basic Plan B	\$2,575.40	\$945.58	\$1,629.82
Retiree on Basic Plan B, and 2 dependents on HNCOB	\$2,575.40	\$945.58	\$1,629.82

2020 CONTRA COSTA COUNTY
MONTHLY MEDICAL AND DENTAL PREMIUMS

PLAN/COVERAGE DESCRIPTION	2020 TOTAL MONTHLY PREMIUM	2020 COUNTY SUBSIDY	2020 RETIREE MONTHLY SHARE
COORDINATION OF BENEFITS AND COMBINATION PLANS			
COMBINATION OF HEALTH NET SENIORITY PLUS PLAN A (HNSP) AND COORDINATION OF BENEFITS (COB) PLANS			
Retiree on HNSP Plan A, and, dependent on Health Net Coordination of Benefits (COB) Plan	\$1,562.92	\$876.82	\$686.10
Retiree on Health Net Coordination of Benefits (COB) Plan, and, dependent on HNSP Plan A	\$1,562.92	\$876.82	\$686.10
COMBINATION OF HEALTH NET SENIORITY B PLUS (HNSP) AND COORDINATION OF BENEFITS (COB) PLANS			
Retiree on HNSP Plan B, and, dependent on Health Net Coordination of Benefits (COB) Plan	\$1,393.27	\$876.82	\$516.45
Retiree on Health Net Coordination of Benefits (COB) Plan, and, dependent on HNSP Plan B	\$1,393.27	\$876.82	\$516.45
COMBINATION OF HEALTH NET SENIORITY PLUS PLAN A (HNSP) AND COORDINATION OF BENEFITS (COB) PLANS SMARTCARE NEW PLAN			
Retiree on HNSP Plan A, and, dependent on Health Net Coordination of Benefits (COB) Plan SMARTCARE	\$1,554.14	\$945.58	\$608.56
Retiree on Health Net Coordination of Benefits (COB) Plan, and, dependent on HNSP Plan A	\$1,554.14	\$945.58	\$608.56
COMBINATION OF HEALTH NET SENIORITY B PLUS (HNSP) AND COORDINATION OF BENEFITS (COB) PLANS SMARTCARE NEW PLAN			
Retiree on HNSP Plan B, and, dependent on Health Net Coordination of Benefits (COB) Plan	\$1,372.86	\$945.58	\$427.28
Retiree on Health Net Coordination of Benefits (COB) Plan, and, dependent on HNSP Plan B	\$1,372.86	\$945.58	\$427.28

2020 CONTRA COSTA COUNTY
MONTHLY MEDICAL AND DENTAL PREMIUMS

PLAN/COVERAGE DESCRIPTION		2020 TOTAL MONTHLY PREMIUM	2020 COUNTY SUBSIDY	2020 RETIREE MONTHLY SHARE
DENTAL				
DELTA DENTAL PREMIER PPO - \$1,800 ANNUAL MAXIMUM				
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

DELTA CARE (HMO)				
For CCHP Plans	Retiree	\$29.06	\$25.41	\$3.65
	Retiree +1	\$62.81	\$54.91	\$7.90
	Retiree + 2 or more	\$62.81	\$54.91	\$7.90
For Health Net Plans	Retiree	\$29.06	\$21.31	\$7.75
	Retiree +1	\$62.81	\$46.05	\$16.76
	Retiree + 2 or more	\$62.81	\$46.05	\$16.76
For Kaiser Permanente Plans	Retiree	\$29.06	\$21.31	\$7.75
	Retiree +1	\$62.81	\$46.05	\$16.76
	Retiree + 2 or more	\$62.81	\$46.05	\$16.76
Without a Health Plan	Retiree	\$29.06	\$27.31	\$1.75
	Retiree +1	\$62.81	\$59.03	\$3.78
	Retiree + 2 or more	\$62.81	\$59.03	\$3.78