

**2021 CONTRA COSTA COUNTY
MONTHLY MEDICAL AND DENTAL PREMIUMS**

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

PLAN COVERAGE DESCRIPTION	2021 TOTAL MONTHLY PREMIUM	MONTHLY ADMIN FEE	2020 SURVIVOR MONTHLY SHARE
CONTRA COSTA HEALTH PLAN A - BASIC PLAN			
Survivor on Basic Plan	\$1,056.79	\$3.22	\$1,060.01
Survivor & 1 or more dependents on Basic Plan	\$2,517.84	\$3.22	\$2,521.06
CONTRA COSTA HEALTH PLAN A - MEDICARE COORDINATION OF BENEFITS (COB) PLAN			
Survivor on Medicare COB Plan	\$486.04	\$3.22	\$489.26
Survivor & 1 dependent on Medicare COB Plan A	\$972.08	\$3.22	\$975.30
COMBINATION OF CONTRA COSTA HEALTH PLAN A - BASIC PLAN & MEDICARE COB PLAN			
Survivor on Medicare COB Plan and 1 or more dependents on Basic Plan	\$1,555.34	\$3.22	\$1,558.56
Survivor & 1 dependent on Medicare COB Plan and 1 or more dependents on Basic Plan	\$1,458.13	\$3.22	\$1,461.35
Survivor on Basic Plan and 1 dependent on Medicare COB Plan	\$1,555.34	\$3.22	\$1,558.56
Survivor on Basic Plan and 2 or more dependents on Medicare COB Plan	\$1,458.13	\$3.22	\$1,461.35
Survivor & 1 dependent on Basic Plan and 1 or more dependents on Medicare COB Plan	\$1,555.34	\$3.22	\$1,558.56
CONTRA COSTA HEALTH PLAN B - BASIC PLAN			
Survivor on Basic Plan	\$1,171.46	\$3.22	\$1,174.68
Survivor & 1 or more dependents on Basic Plan	\$2,783.58	\$3.22	\$2,786.80
CONTRA COSTA HEALTH PLAN B - MEDICARE COORDINATION OF BENEFITS (COB) PLAN			
Survivor on Medicare COB Plan	\$500.63	\$3.22	\$503.85
Survivor & 1 dependent on Medicare COB Plan A	\$1,001.26	\$3.22	\$1,004.48
COMBINATION OF CONTRA COSTA HEALTH PLAN B - BASIC PLAN & MEDICARE COB PLAN			
Survivor on Medicare COB Plan and 1 or more dependents on Basic Plan	\$1,602.02	\$3.22	\$1,605.24
Survivor & 1 dependent on Medicare COB Plan and 1 or more dependents on Basic Plan	\$1,501.89	\$3.22	\$1,505.11
Survivor on Basic Plan and 1 dependent on Medicare COB Plan	\$1,602.02	\$3.22	\$1,605.24
Survivor on Basic Plan and 2 or more dependents on Medicare COB Plan	\$1,501.89	\$3.22	\$1,505.11
Survivor & 1 dependent on Basic Plan and 1 or more dependents on Medicare COB Plan	\$1,602.02	\$3.22	\$1,605.24

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KAISER PERMANENTE - BASIC PLAN A			
Survivor on Basic Plan A	\$993.36	\$3.22	\$996.58
Survivor & 1 or more dependents on Basic Plan A	\$2,314.54	\$3.22	\$2,317.76
KAISER PERMANENTE SENIOR ADVANTAGE (KPSA) PLAN A			
Survivor on KPSA Plan A	\$372.70	\$3.22	\$375.92
Survivor & 1 dependent on KPSA Plan A	\$1,006.62	\$3.22	\$1,009.84
Survivor & 2 dependents on KPSA Plan A	\$1,006.62	\$3.22	\$1,009.84
COMBINATION OF KAISER BASIC PLAN A AND KPSA PLAN A			
Survivor on KPSA Plan A, and, 1 or more dependents on Basic Plan A	\$1,693.88	\$3.22	\$1,697.10
Survivor & 1 or more dependents on Basic Plan A, and, 1 dependent on KPSA Plan A	\$1,627.28	\$3.22	\$1,630.50

KAISER PERMANENTE - BASIC PLAN B			
Survivor on Basic Plan B	\$809.92	\$3.22	\$813.14
Survivor & 1 or more dependents on Basic Plan B	\$1,887.12	\$3.22	\$1,890.34
KAISER PERMANENTE SENIOR ADVANTAGE (KPSA) PLAN B			
Survivor on KPSA Plan B	\$282.55	\$3.22	\$285.77
Survivor & 1 dependent on KPSA Plan B	\$763.00	\$3.22	\$766.22
Survivor & 2 dependents on KPSA Plan B	\$763.00	\$3.22	\$766.22
COMBINATION OF KAISER BASIC PLAN B AND KPSA PLAN B			
Survivor on KPSA Plan B, and, 1 or more dependents on Basic Plan B	\$1,359.75	\$3.22	\$1,362.97
Survivor & 1 or more dependents on Basic Plan B, and, 1 dependent on KPSA Plan B	\$1,290.37	\$3.22	\$1,293.59

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HEALTH NET HMO PLAN - BASIC PLAN A			
Survivor on Basic Plan A	\$1,861.66	\$3.22	\$1,864.88
Survivor & 1 or more dependents on Basic Plan A	\$4,561.07	\$3.22	\$4,564.29
HEALTH NET SENIORITY PLUS (HNSP) PLAN A			
Survivor on HNSP Plan A	\$663.07	\$3.22	\$666.29
Survivor & 1 dependent on HNSP Plan A	\$1,326.14	\$3.22	\$1,329.36
Survivor & 2 dependents on HNSP Plan A	\$1,989.21	\$3.22	\$1,992.43
COMBINATION OF HEALTH NET BASIC PLAN A AND HEALTH NET SENIORITY PLUS PLAN A (HNSP)			
Survivor on HNSP Plan A, and, 1 dependent on Basic Plan A	\$2,524.73	\$3.22	\$2,527.95
Survivor on HNSP Plan A, and, 2 dependents on Basic Plan A	\$3,362.48	\$3.22	\$3,365.70
Survivor & 1 dependent on HNSP Plan A, and, 1 dependent on Basic Plan A	\$3,187.80	\$3.22	\$3,191.02
Survivor on Basic Plan A, and, 1 dependent on HNSP Plan A	\$2,524.73	\$3.22	\$2,527.95
Survivor & 1 dependent on Basic Plan A, and, 1 dependent on HNSP Plan A	\$3,362.48	\$3.22	\$3,365.70
HEALTH NET HMO PLAN - BASIC PLAN B			
Survivor on Basic Plan B	\$1,294.56	\$3.22	\$1,297.78
Survivor & 1 or more dependents on Basic Plan B	\$3,171.67	\$3.22	\$3,174.89
HEALTH NET SENIORITY PLUS (HNSP) PLAN B			
Survivor on HNSP Plan B	\$556.65	\$3.22	\$559.87
Survivor & 1 dependent on HNSP Plan B	\$1,113.30	\$3.22	\$1,116.52
Survivor & 2 dependents on HNSP Plan B	\$1,669.95	\$3.22	\$1,673.17
COMBINATION OF HEALTH NET BASIC PLAN B AND HEALTH NET SENIORITY PLUS PLAN B (HNSP)			
Survivor on HNSP Plan B, and, 1 dependent on Basic Plan B	\$1,851.21	\$3.22	\$1,854.43
Survivor on HNSP Plan B, and, 2 dependents on Basic Plan B	\$2,433.76	\$3.22	\$2,436.98
Survivor & 1 dependent on HNSP Plan B, and, 1 dependent on Basic Plan B	\$2,407.86	\$3.22	\$2,411.08
Survivor on Basic Plan B, and, 1 dependent on HNSP Plan B	\$1,851.21	\$3.22	\$1,854.43
Survivor & 1 dependent on Basic Plan B, and, 1 dependent on HNSP Plan B	\$2,433.76	\$3.22	\$2,436.98

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HEALTH NET MEDICARE COORDINATION OF BENEFITS PLAN A (HNCOB)			
Survivor on HNCOB Plan	\$899.85	\$3.22	\$903.07
Survivor & 1 dependent (2 on HNCOB)	\$1,799.70	\$3.22	\$1,802.92
Survivor & 2 dependents (3 on HNCOB)	\$2,699.55	\$3.22	\$2,702.77
COMBINATION OF HEALTH NET BASIC PLAN A AND HEALTH NET COORDINATION OF BENEFITS PLAN (HNCOB)			
Survivor on HNCOB, and, 1 dependent on Basic Plan A	\$2,761.51	\$3.22	\$2,764.73
Survivor on Basic Plan A, and, 1 dependent on HNCOB	\$2,761.51	\$3.22	\$2,764.73
Survivor on HNCOB, and, 2 dependents on HN Basic Plan A	\$3,599.26	\$3.22	\$3,602.48
Survivor & 1 dependent on HNCOB, and, 1 dependent on Basic Plan A	\$3,661.36	\$3.22	\$3,664.58
Survivor on Basic Plan A, and 2 dependents on HNCOB	\$3,661.36	\$3.22	\$3,664.58
COMBINATION OF HEALTH NET SENIORITY PLUS PLAN A (HNSP) AND COORDINATION OF BENEFITS (COB)			
Survivor on HNSP Plan A, and, 1 dependent on Health Net Coordination of Benefits (COB) Plan	\$1,562.92	\$3.22	\$1,566.14
Survivor on Health Net Coordination of Benefits (COB) Plan, and, 1 dependent on HNSP Plan A	\$1,562.92	\$3.22	\$1,566.14
HEALTH NET MEDICARE COORDINATION OF BENEFITS PLAN B (HNCOB)			
Survivor on HNCOB Plan	\$836.62	\$3.22	\$839.84
Survivor & 1 dependent (2 on HNCOB)	\$1,673.24	\$3.22	\$1,676.46
Survivor & 2 dependents (3 on HNCOB)	\$2,509.86	\$3.22	\$2,513.08
COMBINATION OF HEALTH NET BASIC PLAN B AND HEALTH NET COORDINATION OF BENEFITS PLAN (HNCOB)			
Survivor on HNCOB, and, 1 dependent on Basic Plan B	\$2,131.18	\$3.22	\$2,134.40
Survivor on Basic Plan B, and, 1 dependent on HNCOB	\$2,131.18	\$3.22	\$2,134.40
Survivor on HNCOB, and, 2 dependents on HN Basic Plan B	\$2,713.73	\$3.22	\$2,716.95
Survivor & 1 dependent on HNCOB, and, 1 dependent on Basic Plan B	\$2,967.80	\$3.22	\$2,971.02
Survivor on Basic Plan B, and 2 dependents on HNCOB	\$2,967.80	\$3.22	\$2,971.02
COMBINATION OF HEALTH NET SENIORITY B PLUS (HNSP) AND COORDINATION OF BENEFITS (COB) PLANS			
Survivor on HNSP Plan B, and, 1 dependent on Health Net Coordination of Benefits (COB) Plan	\$1,393.27	\$3.22	\$1,396.49
Survivor on Health Net Coordination of Benefits (COB) Plan, and, 1 dependent on HNSP Plan B	\$1,393.27	\$3.22	\$1,396.49

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HEALTH NET CA & OOS PPO PLAN - BASIC PLAN			
Survivor on PPO Basic Plan	\$3,068.33	\$3.22	\$3,071.55
Survivor & 1 or more dependents on PPO Basic Plan	\$7,302.63	\$3.22	\$7,305.85
HEALTH NET CA & OOS PPO PLAN WITH MEDICARE PARTS A & B			
Survivor on PPO Medicare Plan	\$1,231.57	\$3.22	\$1,234.79
Survivor & 1 dependent on PPO Medicare Plan	\$2,463.14	\$3.22	\$2,466.36
Survivor & 2 dependents on PPO Medicare Plan	\$3,694.71	\$3.22	\$3,697.93
COMBINATION OF HEALTH NET CA & OOS PPO PLAN - BASIC PLAN & PPO MEDICARE PLAN			
Survivor on PPO Medicare Plan and 1 dependent on PPO Basic Plan	\$4,299.90	\$3.22	\$4,303.12
Survivor on PPO Basic Plan and 1 dependent on PPO Medicare Plan	\$4,299.90	\$3.22	\$4,303.12
Survivor & 1 dependent on PPO Medicare Plan and 1 dependent on PPO Basic Plan	\$5,531.47	\$3.22	\$5,534.69
Survivor on PPO Basic Plan and 2 dependents on PPO Medicare Plan	\$5,531.47	\$3.22	\$5,534.69

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

DELTA CARE (HMO)				
For CCHP Plans	Survivor	\$25.35	\$0.00	\$25.35
	Family	\$54.78	\$0.00	\$54.78
For Health Net Plans	Survivor	\$25.35	\$0.00	\$25.35
	Family	\$54.78	\$0.00	\$54.78
For Kaiser Permanente Plans	Survivor	\$25.35	\$0.00	\$25.35
	Family	\$54.78	\$0.00	\$54.78
Without a Health Plan	Survivor	\$25.35	\$3.22	\$28.57
	Family	\$54.78	\$3.22	\$58.00