

PLAN/COVERAGE DESCRIPTION	2021 TOTAL MONTHLY PREMIUM	MONTHLY ADMIN FEE	2021 RETIREE MONTHLY SHARE
CONTRA COSTA HEALTH PLAN - BASIC PLAN A			
Retiree on Basic Plan A	\$979.31	\$19.59	\$998.90
Retiree & 1 dependent on Basic Plan A	\$1,958.59	\$39.17	\$1,997.76
Retiree & 2 or more dependents on Basic Plan A	\$2,937.92	\$58.76	\$2,996.68
CONTRA COSTA HEALTH PLAN - BASIC PLAN B			
Retiree on Basic Plan B	\$1,085.58	\$21.71	\$1,107.29
Retiree & 1 dependent on Basic Plan B	\$2,171.16	\$43.42	\$2,214.58
Retiree & 2 or more dependents on Basic Plan B	\$3,256.75	\$65.14	\$3,321.89
HEALTH NET SMARTCARE HMO A			
Retiree on Basic Plan A	\$1,305.65	\$26.11	\$1,331.76
Retiree & 1 dependent on Basic Plan A	\$2,611.30	\$52.23	\$2,663.53
Retiree & 2 or more dependents on Basic Plan A	\$3,916.95	\$78.34	\$3,995.29
HEALTH NET SMARTCARE HMO B			
Retiree on Basic Plan B	\$930.98	\$18.62	\$949.60
Retiree & 1 dependent on Basic Plan B	\$1,861.96	\$37.24	\$1,899.20
Retiree & 2 or more dependents on Basic Plan B	\$2,792.94	\$55.86	\$2,848.80
HEALTH NET CA & OOS PPO PLAN - BASIC PLAN A			
Retiree on PPO Basic Plan A	\$2,967.02	\$59.34	\$3,026.36
Retiree & 1 dependent on PPO Basic Plan A	\$5,934.04	\$118.68	\$6,052.72
Retiree & 2 or more dependents on PPO Basic Plan A	\$8,901.06	\$178.02	\$9,079.08

PLAN/COVERAGE DESCRIPTION	2021 TOTAL MONTHLY PREMIUM	MONTHLY ADMIN FEE	2021 RETIREE MONTHLY SHARE	
KAISER HIGH DEDUCTIBLE				
Retiree on Basic Plan	\$579.96	\$11.60	\$591.56	
Retiree & 1 dependent on Basic Plan	\$1,159.92	\$23.20	\$1,183.12	
Retiree & 2 or more dependents on Basic Plan	\$1,739.88	\$34.80	\$1,774.68	
KAISER PERMANENTE - BASIC PLAN A				
Retiree on Basic Plan A	\$909.04	\$18.18	\$927.22	
Retiree & 1 dependent on Basic Plan A	\$1,818.08	\$36.36	\$1,854.44	
Retiree & 2 or more dependents on Basic Plan A	\$2,727.12	\$54.54	\$2,781.66	
KAISER PERMANENTE - BASIC PLAN B				
Retiree on Basic Plan B	\$722.50	\$14.45	\$736.95	
Retiree & 1 dependent on Basic Plan B	\$1,445.00	\$28.90	\$1,473.90	
Retiree & 2 or more dependents on Basic Plan B	\$2,167.50	\$43.35	\$2,210.85	
TEAMSTERS 856 TRUST FUND KP HEALTH PLAN				
Retiree on Basic Plan	\$724.50	\$14.49	\$738.99	
Retiree & 1 dependent on Basic Plan	\$1,487.83	\$29.76	\$1,517.59	
Retiree & 2 or more dependents on Basic Plan	\$2,132.70	\$42.65	\$2,175.35	
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)

PLAN/COVERAGE DESCRIPTION		2021 TOTAL MONTHLY PREMIUM	MONTHLY ADMIN FEE	2021 RETIREE MONTHLY SHARE
For CCHP Plans	Retiree	\$25.35	\$0.51	\$24.84
	Retiree +1	\$54.78	\$1.10	\$53.68
	Retiree + 2 or more	\$54.78	\$1.10	\$53.68
For Health Net Plans	Retiree	\$25.35	\$0.51	\$24.84
	Retiree +1	\$54.78	\$1.10	\$53.68
	Retiree + 2 or more	\$54.78	\$1.10	\$53.68
For Kaiser Permanente Plans	Retiree	\$25.35	\$0.51	\$24.84
	Retiree +1	\$54.78	\$1.10	\$53.68
	Retiree + 2 or more	\$54.78	\$1.10	\$53.68
Without a Health Plan	Retiree	\$25.35	\$0.51	\$25.86
	Retiree +1	\$54.78	\$1.10	\$55.88
	Retiree + 2 or more	\$54.78	\$1.10	\$55.88