

2022 CONTRA COSTA COUNTY
MONTHLY MEDICAL AND DENTAL PREMIUMS

RETIREE CNA COBRA PARTICIPANTS

PLAN COVERAGE DESCRIPTION	2022 TOTAL MONTHLY PREMIUM	MONTHLY ADMIN FEE	PARTICIPANT MONTHLY SHARE
CONTRA COSTA HEALTH PLAN A - BASIC PLAN			
Retiree on Basic Plan	\$1,113.39	\$22.27	\$1,135.66
Retiree & 1 or more dependents on Basic Plan	\$2,652.68	\$53.05	\$2,705.73
CONTRA COSTA HEALTH PLAN B - BASIC PLAN			
Retiree on Basic Plan	\$1,234.20	\$24.68	\$1,258.88
Retiree & 1 or more dependents on Basic Plan	\$2,932.65	\$58.65	\$2,991.30
KAISER PERMANENTE - BASIC PLAN A			
Retiree on Basic Plan A	\$993.36	\$19.87	\$1,013.23
Retiree & 1 or more dependents on Basic Plan A	\$2,314.54	\$46.29	\$2,360.83
KAISER PERMANENTE - BASIC PLAN B			
Retiree on Basic Plan B	\$809.92	\$16.20	\$826.12
Retiree & 1 or more dependents on Basic Plan B	\$1,887.12	\$37.74	\$1,924.86
HEALTH NET HMO PLAN - BASIC PLAN A			
Retiree on Basic Plan A	\$1,985.33	\$39.71	\$2,025.04
Retiree & 1 or more dependents on Basic Plan A	\$4,864.06	\$97.28	\$4,961.34
HEALTH NET HMO PLAN - BASIC PLAN B			
Retiree on Basic Plan B	\$1,380.56	\$27.61	\$1,408.17
Retiree & 1 or more dependents on Basic Plan B	\$3,382.37	\$67.65	\$3,450.02
HEALTH NET CA & OOS PPO PLAN - BASIC PLAN			
Retiree on PPO Basic Plan	\$3,344.48	\$66.89	\$3,411.37
Retiree & 1 or more dependents on PPO Basic Plan	\$7,959.86	\$159.20	\$8,119.06

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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	\$25.35	\$0.51	\$25.86
	Family	\$54.78	\$1.10	\$55.88
For Health Net Plans	Retiree	\$25.35	\$0.51	\$25.86
	Family	\$54.78	\$1.10	\$55.88
For Kaiser Permanente Plans	Retiree	\$25.35	\$0.51	\$25.86
	Family	\$54.78	\$1.10	\$55.88
Without a Health Plan	Retiree	\$25.35	\$0.51	\$25.86
	Family	\$54.78	\$1.10	\$55.88