

**2022 CONTRA COSTA COUNTY
MONTHLY MEDICAL AND DENTAL PREMIUMS**

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

PLAN COVERAGE DESCRIPTION	2022 TOTAL MONTHLY PREMIUM	MONTHLY ADMIN FEE	2022 SURVIVOR MONTHLY SHARE
CONTRA COSTA HEALTH PLAN A - BASIC PLAN			
Survivor on Basic Plan	\$1,113.39	\$3.22	\$1,116.61
Survivor & 1 or more dependents on Basic Plan	\$2,652.68	\$3.22	\$2,655.90
CONTRA COSTA HEALTH PLAN A - MEDICARE COORDINATION OF BENEFITS (COB) PLAN			
Survivor on Medicare COB Plan	\$512.07	\$3.22	\$515.29
Survivor & 1 dependent on Medicare COB Plan A	\$1,024.14	\$3.22	\$1,027.36
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	\$1,638.62	\$3.22	\$1,641.84
Survivor & 1 dependent on Medicare COB Plan and 1 or more dependents on Basic Plan	\$1,536.21	\$3.22	\$1,539.43
Survivor on Basic Plan and 1 dependent on Medicare COB Plan	\$1,638.62	\$3.22	\$1,641.84
Survivor on Basic Plan and 2 or more dependents on Medicare COB Plan	\$1,536.21	\$3.22	\$1,539.43
Survivor & 1 dependent on Basic Plan and 1 or more dependents on Medicare COB Plan	\$1,638.62	\$3.22	\$1,641.84
CONTRA COSTA HEALTH PLAN B - BASIC PLAN			
Survivor on Basic Plan	\$1,234.20	\$3.22	\$1,237.42
Survivor & 1 or more dependents on Basic Plan	\$2,932.65	\$3.22	\$2,935.87
CONTRA COSTA HEALTH PLAN B - MEDICARE COORDINATION OF BENEFITS (COB) PLAN			
Survivor on Medicare COB Plan	\$527.44	\$3.22	\$530.66
Survivor & 1 dependent on Medicare COB Plan A	\$1,054.88	\$3.22	\$1,058.10
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	\$1,687.81	\$3.22	\$1,691.03
Survivor & 1 dependent on Medicare COB Plan and 1 or more dependents on Basic Plan	\$1,582.32	\$3.22	\$1,585.54
Survivor on Basic Plan and 1 dependent on Medicare COB Plan	\$1,687.81	\$3.22	\$1,691.03
Survivor on Basic Plan and 2 or more dependents on Medicare COB Plan	\$1,582.32	\$3.22	\$1,585.54
Survivor & 1 dependent on Basic Plan and 1 or more dependents on Medicare COB Plan	\$1,687.81	\$3.22	\$1,691.03

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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	\$333.73	\$3.22	\$336.95
Survivor & 1 dependent on KPSA Plan A	\$901.31	\$3.22	\$904.53
Survivor & 2 dependents on KPSA Plan A	\$901.31	\$3.22	\$904.53
COMBINATION OF KAISER BASIC PLAN A AND KPSA PLAN A			
Survivor on KPSA Plan A, and, 1 or more dependents on Basic Plan A	\$1,654.91	\$3.22	\$1,658.13
Survivor & 1 or more dependents on Basic Plan A, and, 1 dependent on KPSA Plan A	\$1,560.94	\$3.22	\$1,564.16

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	\$253.05	\$3.22	\$256.27
Survivor & 1 dependent on KPSA Plan B	\$683.27	\$3.22	\$686.49
Survivor & 2 dependents on KPSA Plan B	\$683.27	\$3.22	\$686.49
COMBINATION OF KAISER BASIC PLAN B AND KPSA PLAN B			
Survivor on KPSA Plan B, and, 1 or more dependents on Basic Plan B	\$1,330.25	\$3.22	\$1,333.47
Survivor & 1 or more dependents on Basic Plan B, and, 1 dependent on KPSA Plan B	\$1,240.14	\$3.22	\$1,243.36

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HEALTH NET HMO PLAN - BASIC PLAN A			
Survivor on Basic Plan A	\$1,985.33	\$3.22	\$1,988.55
Survivor & 1 or more dependents on Basic Plan A	\$4,864.06	\$3.22	\$4,867.28
HEALTH NET SENIORITY PLUS (HNSP) PLAN A			
Survivor on HNSP Plan A	\$702.90	\$3.22	\$706.12
Survivor & 1 dependent on HNSP Plan A	\$1,405.80	\$3.22	\$1,409.02
Survivor & 2 dependents on HNSP Plan A	\$2,108.70	\$3.22	\$2,111.92
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	\$2,688.23	\$3.22	\$2,691.45
Survivor on HNSP Plan A, and, 2 dependents on Basic Plan A	\$3,581.63	\$3.22	\$3,584.85
Survivor & 1 dependent on HNSP Plan A, and, 1 dependent on Basic Plan A	\$3,391.13	\$3.22	\$3,394.35
Survivor on Basic Plan A, and, 1 dependent on HNSP Plan A	\$2,688.23	\$3.22	\$2,691.45
Survivor & 1 dependent on Basic Plan A, and, 1 dependent on HNSP Plan A	\$3,581.63	\$3.22	\$3,584.85
HEALTH NET HMO PLAN - BASIC PLAN B			
Survivor on Basic Plan B	\$1,380.56	\$3.22	\$1,383.78
Survivor & 1 or more dependents on Basic Plan B	\$3,382.37	\$3.22	\$3,385.59
HEALTH NET SENIORITY PLUS (HNSP) PLAN B			
Survivor on HNSP Plan B	\$590.09	\$3.22	\$593.31
Survivor & 1 dependent on HNSP Plan B	\$1,180.18	\$3.22	\$1,183.40
Survivor & 2 dependents on HNSP Plan B	\$1,770.27	\$3.22	\$1,773.49
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	\$1,970.65	\$3.22	\$1,973.87
Survivor on HNSP Plan B, and, 2 dependents on Basic Plan B	\$2,591.90	\$3.22	\$2,595.12
Survivor & 1 dependent on HNSP Plan B, and, 1 dependent on Basic Plan B	\$2,560.74	\$3.22	\$2,563.96
Survivor on Basic Plan B, and, 1 dependent on HNSP Plan B	\$1,970.65	\$3.22	\$1,973.87
Survivor & 1 dependent on Basic Plan B, and, 1 dependent on HNSP Plan B	\$2,591.90	\$3.22	\$2,595.12

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HEALTH NET MEDICARE COORDINATION OF BENEFITS PLAN A (HNCOB)			
Survivor on HNCOB Plan	\$910.65	\$3.22	\$913.87
Survivor & 1 dependent (2 on HNCOB)	\$1,821.30	\$3.22	\$1,824.52
Survivor & 2 dependents (3 on HNCOB)	\$2,731.95	\$3.22	\$2,735.17
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	\$2,895.98	\$3.22	\$2,899.20
Survivor on Basic Plan A, and, 1 dependent on HNCOB	\$2,895.98	\$3.22	\$2,899.20
Survivor on HNCOB, and, 2 dependents on HN Basic Plan A	\$3,789.38	\$3.22	\$3,792.60
Survivor & 1 dependent on HNCOB, and, 1 dependent on Basic Plan A	\$3,806.63	\$3.22	\$3,809.85
Survivor on Basic Plan A, and 2 dependents on HNCOB	\$3,806.63	\$3.22	\$3,809.85
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	\$1,613.55	\$3.22	\$1,616.77
Survivor on Health Net Coordination of Benefits (COB) Plan, and, 1 dependent on HNSP Plan A	\$1,613.55	\$3.22	\$1,616.77
HEALTH NET MEDICARE COORDINATION OF BENEFITS PLAN B (HNCOB)			
Survivor on HNCOB Plan	\$846.66	\$3.22	\$849.88
Survivor & 1 dependent (2 on HNCOB)	\$1,693.32	\$3.22	\$1,696.54
Survivor & 2 dependents (3 on HNCOB)	\$2,539.98	\$3.22	\$2,543.20
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	\$2,227.22	\$3.22	\$2,230.44
Survivor on Basic Plan B, and, 1 dependent on HNCOB	\$2,227.22	\$3.22	\$2,230.44
Survivor on HNCOB, and, 2 dependents on HN Basic Plan B	\$2,848.47	\$3.22	\$2,851.69
Survivor & 1 dependent on HNCOB, and, 1 dependent on Basic Plan B	\$3,073.88	\$3.22	\$3,077.10
Survivor on Basic Plan B, and 2 dependents on HNCOB	\$3,073.88	\$3.22	\$3,077.10
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	\$1,436.75	\$3.22	\$1,439.97
Survivor on Health Net Coordination of Benefits (COB) Plan, and, 1 dependent on HNSP Plan B	\$1,436.75	\$3.22	\$1,439.97

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HEALTH NET CA & OOS PPO PLAN - BASIC PLAN			
Survivor on PPO Basic Plan	\$3,344.48	\$3.22	\$3,347.70
Survivor & 1 or more dependents on PPO Basic Plan	\$7,959.86	\$3.22	\$7,963.08
HEALTH NET CA & OOS PPO PLAN WITH MEDICARE PARTS A & B			
Survivor on PPO Medicare Plan	\$1,246.35	\$3.22	\$1,249.57
Survivor & 1 dependent on PPO Medicare Plan	\$2,492.70	\$3.22	\$2,495.92
Survivor & 2 dependents on PPO Medicare Plan	\$3,739.05	\$3.22	\$3,742.27
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	\$4,590.83	\$3.22	\$4,594.05
Survivor on PPO Basic Plan and 1 dependent on PPO Medicare Plan	\$4,590.83	\$3.22	\$4,594.05
Survivor & 1 dependent on PPO Medicare Plan and 1 dependent on PPO Basic Plan	\$5,837.18	\$3.22	\$5,840.40
Survivor on PPO Basic Plan and 2 dependents on PPO Medicare Plan	\$5,837.18	\$3.22	\$5,840.40

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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