2013 CONTRA COSTA COUNTY MONTHLY MEDICAL AND DENTAL PREMIUMS
RETIREES WHO WERE REPRESENTED BY IPTFE LOCAL 21 AT THE TIME OF RETIREMENT

FORMER BARGAINING UNITS: ZA, ZB, ZL, ZN. Z1, Z2 & Z3

COUNTY CONTRIBUTION IS A FIXED AMOUNT AS OF MAY 2011. COUNTY BOARD RESOLUTION 2009/344

PLAN/COVERAGE DESCRIPTION	TOTAL MONTHLY PREMIUM	COUNTY MONTHLY SHARE	RETIREE MONTHLY SHARE
CONTRA COSTA HEALTH PLAN - BASIC PLAN A			
Retiree on Basic Plan	$603.71	$509.92	$93.79
Retiree & 1 or more dependents on Basic Plan	$1,438.38	$1,214.90	$223.48
CONTRA COSTA HEALTH PLAN - BASIC PLAN B			
Retiree on Basic Plan	$669.23	$528.50	$140.73
Retiree & 1 or more dependents on Basic Plan	$1,590.21	$1,255.79	$334.42
CONTRA COSTA HEALTH PLAN - MEDICARE COORDINATION OF BENEFITS (COB) PLAN A			
Retiree on Medicare COB Plan	$275.10	$275.09	$0.01
Retiree & 1 dependent on Medicare COB Plan	$1,210.61	$1,035.60	$175.01
CONTRA COSTA HEALTH PLAN - MEDICARE COORDINATION OF BENEFITS (COB) PLAN B			
Retiree on Medicare COB Plan	$283.35	$283.34	$0.01
Retiree & 1 dependent on Medicare COB Plan	$1,246.93	$1,088.06	$158.87
COMBINATION OF CONTRA COSTA HEALTH PLAN - BASIC PLAN & MEDICARE COB PLAN A			
Retiree on Medicare COB Plan , and, 1 or more dependents on Basic Plan	$1,216.11	$1,125.25	$90.86
Retiree & 1 dependent on Medicare COB Plan , and, 1 or more dependents on Basic Plan	$1,210.61	$1,035.60	$175.01
Retiree on Basic Plan, and, 1 dependent on Medicare COB Plan	$1,216.11	$1,125.25	$90.86
Retiree on Basic Plan, and, 2 or more dependents on Medicare COB Plan	$1,210.61	$1,035.60	$175.01
Retiree & 1 dependent on Basic Plan, and, 1 or more dependents on Medicare COB Plan	$1,216.11	$1,125.25	$90.86
COMBINATION OF CONTRA COSTA HEALTH PLAN - BASIC PLAN & MEDICARE COB PLAN B			
Retiree on Medicare COB Plan , and, 1 or more dependents on Basic Plan	$1,252.59	$1,171.93	$80.66
Retiree & 1 dependent on Medicare COB Plan , and, 1 or more dependents on Basic Plan	$1,246.93	$1,088.06	$158.87
Retiree on Basic Plan, and, 1 dependent on Medicare COB Plan	$1,252.59	$1,171.93	$80.66
Retiree on Basic Plan, and, 2 or more dependents on Medicare COB Plan	$1,246.93	$1,088.06	$158.87
Retiree & 1 dependent on Basic Plan, and, 1 or more dependents on Medicare COB Plan	$1,252.59	$1,171.93	$80.66
KAISER PERMANENTE - BASIC PLAN A			
Retiree on Basic Plan	$739.33	$478.91	$260.42
Retiree & 1 or more dependents on Basic Plan	$1,722.63	$1,115.84	$606.79
KAISER PERMANENTE - BASIC PLAN B			
Retiree on Basic Plan	$650.39	$478.91	$171.48
Retiree & 1 or more dependents on Basic Plan	$1,514.44	$1,115.84	$398.60
KAISER PERMANENTE SENIOR ADVANTAGE (KPSA) PLAN A			
Retiree on KPSA Plan	$268.94	$263.94	$5.00
Retiree & 1 dependent on KPSA Plan	$726.30	$712.79	$13.51
Retiree & 2 dependents on KPSA Plan	$1,183.66	$1,161.65	$22.01
KAISER PERMANENTE SENIOR ADVANTAGE (KPSA) PLAN B			
Retiree on KPSA Plan	$203.93	$203.92	$0.01
Retiree & 1 dependent on KPSA Plan	$550.74	$550.73	$0.01
Retiree & 2 dependents on KPSA Plan	$897.55	$897.54	$0.01
COMBINATION OF KAISER BASIC PLAN AND KPSA PLAN A			
Retiree on KPSA Plan, and, 1 or more dependents on Basic Plan	$1,252.24	$945.58	$306.66
Retiree & 1 or more dependents on Basic Plan, and, 1 dependent on KSPA Plan	$1,252.24	$945.58	$306.66
COMBINATION OF KAISER BASIC PLAN AND KPSA PLAN B			
Retiree on KPSA Plan, and, 1 or more dependents on Basic Plan	$1,067.98	$945.58	$122.40
Retiree & 1 or more dependents on Basic Plan, and, 1 dependent on KSPA Plan	$1,067.98	$945.58	$122.40

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PLAN/COVERAGE DESCRIPTION	TOTAL MONTHLY PREMIUM	COUNTY MONTHLY SHARE	RETIREE MONTHLY SHARE
HEALTH NET HMO PLAN - BASIC PLAN A			
Retiree on Basic Plan	$953.04	$627.79	$325.25
Retiree & 1 or more dependents on Basic Plan	$2,337.88	$1,540.02	$797.86
HEALTH NET HMO PLAN - BASIC PLAN B			
Retiree on Basic Plan	$803.88	$627.79	$176.09
Retiree & 1 or more dependents on Basic Plan	$1,971.98	$1,540.02	$431.96
HEALTH NET SENIORITY PLUS (HNSP) PLAN A			
Retiree on HNSP Plan	$498.17	$409.69	$88.48
Retiree & 1 dependent on HNSP Plan	$996.34	$819.38	$176.96
Retiree & 2 dependent on HNSP Plan	$1,494.51	$1,229.07	$265.44
HEALTH NET SENIORITY PLUS (HNSP) PLAN B			
Retiree on HNSP Plan	$426.62	$401.49	$25.13
Retiree & 1 dependent on HNSP Plan	$853.24	$802.99	$50.25
COMBINATION OF HEALTH NET SENIORITY PLUS A (HNSP) AND COORDINATION OF BENEFITS (COB) PLANS			
Retiree on HNSP, and, dependent on Health Net Coordination of Benefits (COB) Plan	$1,032.31	$876.32	$155.99
Retiree on Health Net Coordination of Benefits (COB) Plan, and, dependent on HNSP	$1,032.31	$876.32	$155.99
COMBINATION OF HEALTH NET SENIORITY B PLUS (HNSP) AND COORDINATION OF BENEFITS (COB) PLANS			
Retiree on HNSP, and, dependent on Health Net Coordination of Benefits (COB) Plan	$960.76	$868.62	$92.14
Retiree on Health Net Coordination of Benefits (COB) Plan, and, dependent on HNSP	$960.76	$868.62	$92.14
COMBINATION OF HEALTH NET BASIC PLAN A AND HEALTH NET SENIORITY PLUS PLAN A (HNSP)			
Retiree on HNSP Plan, and, 1 dependent on Basic Plan	$1,451.21	$1,068.49	$382.72
Retiree on HNSP Plan, and, 2 or more dependents on Basic Plan	$2,836.05	$1,949.71	$886.34
Retiree & 1 dependent on HNSP Plan, and, 1 dependent on Basic Plan	$1,949.38	$1,509.13	$440.25
Retiree on Basic Plan, and, 1 dependent on HNSP Plan	$1,451.21	$1,068.49	$382.72
Retiree & 1 or more dependents on Basic Plan, and, 1 dependent on HNSP Plan	$2,836.05	$1,949.71	$886.34
COMBINATION OF HEALTH NET BASIC PLAN B AND HEALTH NET SENIORITY PLUS PLAN B (HNSP)			
Retiree on HNSP Plan, and, 1 dependent on Basic Plan	$1,230.50	$1,068.49	$162.01
Retiree on HNSP Plan, and, 2 or more dependents on Basic Plan	$2,398.60	$1,949.71	$448.89
Retiree & 1 dependent on HNSP Plan, and, 1 dependent on Basic Plan	$1,657.12	$1,509.13	$147.99
Retiree on Basic Plan, and, 1 dependent on HNSP Plan	$1,230.50	$1,068.49	$162.01
Retiree & 1 or more dependents on Basic Plan, and, 1 dependent on HNSP Plan	$2,398.60	$1,949.71	$448.89
HEALTH NET MEDICARE COORDINATION OF BENEFITS PLAN (HNCOB)			
Retiree on HNCOB Plan	$534.14	$467.13	$67.01
Retiree & 1 or more dependents, 2 on HNCOB	$1,068.28	$934.29	$133.99
COMBINATION OF HEALTH NET BASIC PLAN A AND HEALTH NET COORDINATION OF BENEFITS PLAN (HNCOB)			
Retiree on HNCOB, and, 1 dependents on Basic Plan	$1,487.18	$1,083.16	$404.02
Retiree on Basic Plan, and, 1 dependent on HNCOB	$1,487.18	$1,083.16	$404.02
Retiree on HNCOB, and, 2 or more dependents on HN Basic Plan	$2,872.02	$2,007.15	$864.87
Retiree & 1 dependent on HNCOB, and, 1 or more dependents on Basic Plan	$2,021.32	$1,562.08	$459.24
Retiree on Basic Plan, and 2 dependents on HNCOB	$2,021.32	$1,562.08	$459.24
COMBINATION OF HEALTH NET BASIC PLAN B AND HEALTH NET COORDINATION OF BENEFITS PLAN (HNCOB)			
Retiree on HNCOB, and, 1 dependents on Basic Plan	$1,338.02	$1,083.16	$254.86
Retiree on Basic Plan, and, 1 dependent on HNCOB	$1,338.02	$1,083.16	$254.86
Retiree on HNCOB, and, 2 or more dependents on HN Basic Plan	$2,506.12	$2,007.15	$498.97
Retiree & 1 dependent on HNCOB, and, 1 or more dependents on Basic Plan	$1,872.16	$1,562.08	$310.08
Retiree on Basic Plan, and 2 dependents on HNCOB	$1,872.16	$1,562.08	$310.08

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PLAN/COVERAGE DESCRIPTION	TOTAL MONTHLY PREMIUM	COUNTY MONTHLY SHARE	RETIREE MONTHLY SHARE
HEALTH NET CA & NAT'L PPO PLAN - BASIC PLAN A			
Retiree on PPO Basic Plan	$1,219.35	$604.60	$614.75
Retiree & 1 or more dependents on PPO Basic Plan	$2,896.67	$1,436.25	$1,460.42
HEALTH NET CA & NAT'L PPO PLAN - BASIC PLAN B			
Retiree on PPO Basic Plan	$1,107.41	$604.60	$502.81
Retiree & 1 or more dependents on PPO Basic Plan	$2,630.73	$1,436.25	$1,194.48
HEALTH NET CA & NAT'L PPO PLAN A WITH MEDICARE PARTS A & B			
Retiree on PPO Medicare Plan	$872.81	$563.17	$309.64
Retiree & 1 or more dependents on PPO Medicare Plan	$1,745.63	$1,126.24	$619.39
HEALTH NET CA & NAT'L PPO PLAN B WITH MEDICARE PARTS A & B			
Retiree on PPO Medicare Plan	$792.71	$563.17	$229.54
Retiree & 1 or more dependents on PPO Medicare Plan	$1,585.42	$1,126.24	$459.18
COMBINATION OF HEALTH NET CA & NAT'L PPO PLAN A - BASIC PLAN & PPO MEDICARE PLAN A			
Retiree on PPO Medicare Plan, and, 1 dependent on PPO Basic Plan	$2,092.16	$1,167.78	$924.38
Retiree on PPO Basic Plan, and, 1 dependent on PPO Medicare Plan	$2,092.16	$1,167.78	$924.38
Retiree & 1 dependent on PPO Medicare Plan, and, 1 dependent on PPO Basic Plan	$2,964.98	$1,730.84	$1,234.14
Retiree on PPO Basic Plan, and, 2 dependents on PPO Medicare Plan	$2,964.98	$1,730.84	$1,234.14
COMBINATION OF HEALTH NET CA & NAT'L PPO PLAN B - BASIC PLAN & PPO MEDICARE PLAN B			
Retiree on PPO Medicare Plan, and, 1 dependent on PPO Basic Plan	$1,900.12	$1,167.78	$732.34
Retiree on PPO Basic Plan, and, 1 dependent on PPO Medicare Plan	$1,900.12	$1,167.78	$732.34
Retiree & 1 dependent on PPO Medicare Plan, and, 1 dependent on PPO Basic Plan	$2,692.83	$1,730.84	$961.99
Retiree on PPO Basic Plan, and, 2 dependents on PPO Medicare Plan	$2,692.83	$1,730.84	$961.99
COMBINATION OF HEALTH NET SENIORITY PLUS PLAN A, AND, HEALTH NET CA & NAT'L PPO PLAN A	Closed Plan - No New Enrollments		
Retiree on HNSP Plan, and, 1 dependent on PPO Basic Plan	$1,717.52	$1,014.29	$703.23
Retiree on PPO Basic Plan, and, 1 dependent on HNSP Plan	$1,717.52	$1,014.29	$703.23
Retiree on HNSP Plan, and, 1 dependent on PPO Medicare Plan	$1,370.98	$972.86	$398.12
Retiree on PPO Medicare Plan, and, 1 dependent on HNSP Plan	$1,370.98	$972.86	$398.12
Retiree & 1 dependent on HNSP Plan, and, 1 dependent on PPO Basic Plan	$2,215.69	$1,423.98	$791.71
Retiree on PPO Basic Plan, and, 2 dependents on HNSP Plan	$2,215.69	$1,423.98	$791.71
COMBINATION OF HEALTH NET SENIORITY PLUS PLAN B, AND, HEALTH NET CA & NAT'L PPO PLAN B	Closed Plan - No New Enrollments		
Retiree on HNSP Plan, and, 1 dependent on PPO Basic Plan	$1,534.03	$1,014.29	$519.74
Retiree on PPO Basic Plan, and, 1 dependent on HNSP Plan	$1,534.03	$1,014.29	$519.74
Retiree on HNSP Plan, and, 1 dependent on PPO Medicare Plan	$1,219.33	$972.86	$246.47
Retiree on PPO Medicare Plan, and, 1 dependent on HNSP Plan	$1,219.33	$972.86	$246.47
Retiree & 1 dependent on HNSP Plan, and, 1 dependent on PPO Basic Plan	$1,960.65	$1,423.98	$536.67
Retiree on PPO Basic Plan, and, 2 dependents on HNSP Plan	$1,960.65	$1,423.98	$536.67

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PLAN/COVERAGE DESCRIPTION		TOTAL MONTHLY PREMIUM	COUNTY MONTHLY SHARE	RETIREE MONTHLY SHARE
DELTA DENTAL - $1,800 ANNUAL MAXIMUM				
For CCHP Plans A & B	Retiree	$44.27	$41.17	$3.10
	Family	$100.00	$93.00	$7.00
For Health Net Plans A&B	Retiree	$44.27	$34.02	$10.25
	Family	$100.00	$76.77	$23.23
For Kaiser Permanente Plans A & B	Retiree	$44.27	$34.02	$10.25
	Family	$100.00	$76.77	$23.23
Without a Health Plan	Retiree	$44.27	$43.35	$0.92
	Family	$100.00	$97.81	$2.19
DELTA CARE (PMI)				
For CCHP Plans A & B	Retiree	$28.77	$25.41	$3.36
	Family	$62.18	$54.91	$7.27
For Health Net Plans A&B	Retiree	$28.77	$21.31	$7.46
	Family	$62.18	$46.05	$16.13
For Kaiser Permanente Plans A & B	Retiree	$28.77	$21.31	$7.46
	Family	$62.18	$46.05	$16.13
Without a Health Plan	Retiree	$28.77	$27.31	$1.46
	Family	$62.18	$59.03	$3.15