2013 CONTRA COSTA MONTHLY MEDICAL AND DENTAL PREMIUMS
RETIREES REPRESENTED BY PHYSICIAN'S AND DENTIST'S ORGANIZATION AT THE TIME OF RETIREMENT

FORMER BARGAINING UNITS: 1P & 1R County Contribution is a Percentage of Total Premium. County Board Resolution 2006/629. MOU 2005-2008			
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	$591.64	$12.07
Retiree & 1 or more dependents on Basic Plan	$1,438.38	$1,409.61	$28.77
CONTRA COSTA HEALTH PLAN - BASIC PLAN B			
Retiree on Basic Plan	$669.23	$602.31	$66.92
Retiree & 1 or more dependents on Basic Plan	$1,590.21	$1,431.19	$159.02
CONTRA COSTA HEALTH PLAN - MEDICARE COORDINATION OF BENEFITS (COB) PLAN			
Retiree on Medicare COB Plan	$275.10	$275.09	$0.01
Retiree & 1 dependent on Medicare COB Plan	$1,210.61	$1,210.60	$0.01
CONTRA COSTA HEALTH PLAN - MEDICARE COORDINATION OF BENEFITS (COB) PLAN			
Retiree on Medicare COB Plan	$283.35	$283.34	$0.01
Retiree & 1 dependent on Medicare COB Plan	$1,246.93	$1,246.92	$0.01
COMBINATION OF CONTRA COSTA HEALTH PLAN - BASIC PLAN & MEDICARE COB			
Retiree on Medicare COB Plan , and, 1 or more dependents on Basic Plan	$1,216.11	$1,216.10	$0.01
Retiree & 1 dependent on Medicare COB Plan , and, 1 or more dependents on Basic	$1,210.61	$1,210.60	$0.01
Retiree on Basic Plan, and, 1 dependent on Medicare COB Plan	$1,216.11	$1,216.10	$0.01
Retiree on Basic Plan, and, 2 or more dependents on Medicare COB Plan	$1,210.61	$1,210.60	$0.01
Retiree & 1 dependent on Basic Plan, and, 1 or more dependents on Medicare COB	$1,216.11	$1,216.10	$0.01
COMBINATION OF CONTRA COSTA HEALTH PLAN - BASIC PLAN & MEDICARE COB			
Retiree on Medicare COB Plan , and, 1 or more dependents on Basic Plan	$1,252.59	$1,227.23	$25.36
Retiree & 1 dependent on Medicare COB Plan , and, 1 or more dependents on Basic	$1,246.93	$1,246.92	$0.01
Retiree on Basic Plan, and, 1 dependent on Medicare COB Plan	$1,252.59	$1,227.23	$25.36
Retiree on Basic Plan, and, 2 or more dependents on Medicare COB Plan	$1,246.93	$1,222.14	$24.79
Retiree & 1 dependent on Basic Plan, and, 1 or more dependents on Medicare COB	$1,252.59	$1,252.58	$0.01
KAISER PERMANENTE - BASIC PLAN A			
Retiree on Basic Plan	$739.33	$591.46	$147.87
Retiree & 1 or more dependents on Basic Plan	$1,722.63	$1,378.10	$344.53
KAISER PERMANENTE SENIOR ADVANTAGE (KPSA) PLAN A			
Retiree on KPSA Plan	$268.94	$268.93	$0.01
Retiree & 1 dependent on KPSA Plan	$726.30	$726.29	$0.01
Retiree & 2 dependents on KPSA Plan	$1,183.66	$1,183.65	$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	$1,101.69	$150.55
Retiree & 1 or more dependents on Basic Plan, and, 1 dependent on KSPA Plan	$1,252.24	$1,101.69	$150.55

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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	$762.43	$190.61
Retiree & 1 or more dependents on Basic Plan	$2,337.88	$1,870.30	$467.58
HEALTH NET SENIORITY PLUS (HNSP) PLAN A			
Retiree on HNSP Plan	$498.17	$498.16	$0.01
Retiree & 1 dependent on HNSP Plan	$996.34	$996.33	$0.01
Retiree & 2 dependent on HNSP Plan	$1,494.51	$1,494.50	$0.01
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	$1,025.65	$6.66
Retiree on Health Net Coordination of Benefits (COB) Plan, and, dependent on HNSP	$1,032.31	$1,025.65	$6.66
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	$1,260.87	$190.34
Retiree on HNSP Plan, and, 2 or more dependents on Basic Plan	$2,836.05	$2,368.74	$467.31
Retiree & 1 dependent on HNSP Plan, and, 1 dependent on Basic Plan	$1,949.38	$1,759.30	$190.08
Retiree on Basic Plan, and, 1 dependent on HNSP Plan	$1,451.21	$1,260.87	$190.34
Retiree & 1 or more dependents on Basic Plan, and, 1 dependent on HNSP Plan	$2,836.05	$2,368.74	$467.31
HEALTH NET MEDICARE COORDINATION OF BENEFITS PLAN (HNCOB)			
Retiree on HNCOB Plan	$534.14	$527.21	$6.93
Retiree & 1 or more dependents, 2 on HNCOB	$1,068.28	$1,068.28	$0.00
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	$1,289.64	$197.54
Retiree on Basic Plan, and, 1 dependent on HNCOB	$1,487.18	$1,289.64	$197.54
Retiree on HNCOB, and, 2 or more dependents on HN Basic Plan	$2,872.02	$2,397.52	$474.50
Retiree & 1 dependent on HNCOB, and, 1 or more dependents on Basic Plan	$2,021.32	$1,816.86	$204.46
Retiree on Basic Plan, and 2 dependents on HNCOB	$2,021.32	$1,816.86	$204.46
HEALTH NET CA & NAT'L PPO PLAN - BASIC PLAN A			
Retiree on PPO Basic Plan	$1,219.35	$680.77	$538.58
Retiree & 1 or more dependents on PPO Basic Plan	$2,896.67	$1,617.19	$1,279.48
HEALTH NET CA & NAT'L PPO PLAN A WITH MEDICARE PARTS A & B			
Retiree on PPO Medicare Plan	$872.81	$587.72	$285.09
Retiree & 1 or more dependents on PPO Medicare Plan	$1,745.63	$1,175.33	$570.30
COMBINATION OF HEALTH NET CA & NAT'L PPO PLAN A - BASIC PLAN & PPO MEDICARE PLAN A			$0.00
Retiree on PPO Medicare Plan, and, 1 dependent on PPO Basic Plan	$2,092.16	$1,268.49	$823.67
Retiree on PPO Basic Plan, and, 1 dependent on PPO Medicare Plan	$2,092.16	$1,268.49	$823.67
Retiree & 1 dependent on PPO Medicare Plan, and, 1 dependent on PPO Basic Plan	$2,964.98	$1,856.10	$1,108.88
Retiree on PPO Basic Plan, and, 2 dependents on PPO Medicare Plan	$2,964.98	$1,856.10	$1,108.88
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	$1,079.31	$638.21
Retiree on PPO Basic Plan, and, 1 dependent on HNSP Plan	$1,717.52	$1,079.31	$638.21
Retiree on HNSP Plan, and, 1 dependent on PPO Medicare Plan	$1,370.98	$986.26	$384.72
Retiree on PPO Medicare Plan, and, 1 dependent on HNSP Plan	$1,370.98	$986.26	$384.72
Retiree & 1 dependent on HNSP Plan, and, 1 dependent on PPO Basic Plan	$2,215.69	$1,477.84	$737.85
Retiree on PPO Basic Plan, and, 2 dependents on HNSP Plan	$2,215.69	$1,477.84	$737.85

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PLAN COVERAGE DESCRIPTION		TOTAL MONTHLY PREMIUM	COUNTY MONTHLY SHARE	RETIREE MONTHLY SHARE
DELTA DENTAL - $1,600 ANNUAL BENEFIT				
For CCHP Plans A & B	Retiree	$42.45	$41.60	$0.85
	Family	$95.63	$93.72	$1.91
For Health Net Plans A&B	Retiree	$42.45	$33.11	$9.34
	Family	$95.63	$74.59	$21.04
For Kaiser Permanente Plans A & B	Retiree	$42.45	$33.11	$9.34
	Family	$95.63	$74.59	$21.04
Without a Health Plan	Retiree	$42.45	$42.44	$0.01
	Family	$95.63	$95.62	$0.01
DELTA CARE (PMI)				
For CCHP Plans A & B	Retiree	$28.77	$28.19	$0.58
	Family	$62.18	$60.94	$1.24
For Health Net Plans A&B	Retiree	$28.77	$22.44	$6.33
	Family	$62.18	$48.50	$13.68
For Kaiser Permanente Plans A & B	Retiree	$28.77	$22.44	$6.33
	Family	$62.18	$48.50	$13.68
Without a Health Plan	Retiree	$28.77	$28.76	$0.01
	Family	$62.18	$62.17	$0.01