2013 CONTRA COSTA COUNTY MEDICAL AND DENTAL PREMIUMS
SURVIVORS OF RETIREES WHO WERE UNREPRESENTED MANAGMENT EMPLOYEES OF ECCFPD AT THE TIME OF RETIREMENT

FORMER GROUP: B9			
PLAN/COVERAGE DESCRIPTION	TOTAL MONTHLY PREMIUM	MONTHLY ADMIN. FEE	SURVIVOR MONTHLY SHARE
CONTRA COSTA HEALTH PLAN - BASIC PLAN A			
Survivor on Basic Plan	$603.71	$3.22	$606.93
Survivor & 1 or more dependents on Basic Plan	$1,438.38	$3.22	$1,441.60
CONTRA COSTA HEALTH PLAN - BASIC PLAN B			
Survivor on Basic Plan	$669.23	$3.22	$672.45
Survivor & 1 or more dependents on Basic Plan	$1,590.21	$3.22	$1,593.43
CONTRA COSTA HEALTH PLAN - MEDICARE COORDINATION OF BENEFITS (COB) PLAN A			
Survivor on Medicare COB Plan	$275.10	$3.22	$278.32
Survivor & 1 dependent on Medicare COB Plan	$1,210.61	$3.22	$1,213.83
CONTRA COSTA HEALTH PLAN - MEDICARE COORDINATION OF BENEFITS (COB) PLAN B			
Survivor on Medicare COB Plan	$283.35	$3.22	$286.57
Survivor & 1 dependent on Medicare COB Plan	$1,246.93	$3.22	$1,250.15
COMBINATION OF CONTRA COSTA HEALTH PLAN - BASIC PLAN & MEDICARE COB PLAN A			
Survivor on Medicare COB Plan , and, 1 or more dependents on Basic Plan	$1,216.11	$3.22	$1,219.33
Survivor & 1 dependent on Medicare COB Plan , and, 1 or more dependents on Basic Plan	$1,210.61	$3.22	$1,213.83
Survivor on Basic Plan, and, 1 dependent on Medicare COB Plan	$1,216.11	$3.22	$1,219.33
Survivor	$1,210.61	$3.22	$1,213.83
Survivor & 1 dependent on Basic Plan, and, 1 or more dependents on Medicare COB Plan	$1,216.11	$3.22	$1,219.33
COMBINATION OF CONTRA COSTA HEALTH PLAN - BASIC PLAN & MEDICARE COB PLAN B			
Survivor on Medicare COB Plan , and, 1 or more dependents on Basic Plan	$1,252.59	$3.22	$1,255.81
Survivor & 1 dependent on Medicare COB Plan , and, 1 or more dependents on Basic Plan	$1,246.93	$3.22	$1,250.15
Survivor on Basic Plan, and, 1 dependent on Medicare COB Plan	$1,252.59	$3.22	$1,255.81
Survivor on Basic Plan, and, 2 or more dependents on Medicare COB Plan	$1,246.93	$3.22	$1,250.15
Survivor & 1 dependent on Basic Plan, and, 1 or more dependents on Medicare COB Plan	$1,252.59	$3.22	$1,255.81
KAISER PERMANENTE - BASIC PLAN A			
Survivor on Basic Plan	$739.33	$3.22	$742.55
Survivor & 1 or more dependents on Basic Plan	$1,722.63	$3.22	$1,725.85
KAISER PERMANENTE - BASIC PLAN B			
Survivor on Basic Plan	$650.39	$3.22	$653.61
Survivor & 1 or more dependents on Basic Plan	$1,514.44	$3.22	$1,517.66
KAISER PERMANENTE SENIOR ADVANTAGE (KPSA) PLAN A			
Survivor on KPSA Plan	$268.94	$3.22	$272.16
Survivor & 1 dependent on KPSA Plan	$726.30	$3.22	$729.52
Survivor & 2 dependents on KPSA Plan	$1,183.66	$3.22	$1,186.88
KAISER PERMANENTE SENIOR ADVANTAGE (KPSA) PLAN B			
Survivor on KPSA Plan	$203.93	$3.22	$207.15
Survivor & 1 dependent on KPSA Plan	$550.74	$3.22	$553.96
Survivor & 2 dependents on KPSA Plan	$897.55	$3.22	$900.77
COMBINATION OF KAISER BASIC PLAN AND KPSA PLAN A			
Survivor on KPSA Plan, and, 1 or more dependents on Basic Plan	$1,252.24	$3.22	$1,255.46
Survivor & 1 or more dependents on Basic Plan, and, 1 dependent on KSPA Plan	$1,252.24	$3.22	$1,255.46
COMBINATION OF KAISER BASIC PLAN AND KPSA PLAN B			
Survivor on KPSA Plan, and, 1 or more dependents on Basic Plan	$1,067.98	$3.22	$1,071.20
Survivor & 1 or more dependents on Basic Plan, and, 1 dependent on KSPA Plan	$1,067.98	$3.22	$1,071.20

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PLAN/COVERAGE DESCRIPTION	TOTAL MONTHLY PREMIUM	MONTHLY ADMIN. FEE	SURVIVOR MONTHLY SHARE
HEALTH NET HMO PLAN - BASIC PLAN A			
Survivor on Basic Plan	$953.04	$3.22	$956.26
Survivor & 1 or more dependents on Basic Plan	$2,337.88	$3.22	$2,341.10
HEALTH NET HMO PLAN - BASIC PLAN B			
Survivor on Basic Plan	$803.88	$3.22	$807.10
Survivor & 1 or more dependents on Basic Plan	$1,971.98	$3.22	$1,975.20
HEALTH NET SENIORITY PLUS (HNSP) PLAN A			
Survivor on HNSP Plan	$498.17	$3.22	$501.39
Survivor & 1 dependent on HNSP Plan	$996.34	$3.22	$999.56
Survivor & 2 dependent on HNSP Plan	$1,494.51	$3.22	$1,497.73
HEALTH NET SENIORITY PLUS (HNSP) PLAN B			
Survivor on HNSP Plan	$426.62	$3.22	$429.84
Survivor & 1 dependent on HNSP Plan	$853.24	$3.22	$856.46
COMBINATION OF HEALTH NET SENIORITY PLUS A (HNSP) AND COORDINATION OF BENEFITS (COB) PLANS			
Survivor on HNSP, and, dependent on Health Net Coordination of Benefits (COB) Plan	$1,032.31	$3.22	$1,035.53
Survivor on Health Net Coordination of Benefits (COB) Plan, and, dependent on HNSP	$1,032.31	$3.22	$1,035.53
COMBINATION OF HEALTH NET SENIORITY B PLUS (HNSP) AND COORDINATION OF BENEFITS (COB) PLANS			
Survivor on HNSP, and, dependent on Health Net Coordination of Benefits (COB) Plan	$960.76	$3.22	$963.98
Survivor on Health Net Coordination of Benefits (COB) Plan, and, dependent on HNSP	$960.76	$3.22	$963.98
COMBINATION OF HEALTH NET BASIC PLAN A AND HEALTH NET SENIORITY PLUS PLAN A (HNSP)			
Survivor on HNSP Plan, and, 1 dependent on Basic Plan	$1,451.21	$3.22	$1,454.43
Survivor on HNSP Plan, and, 2 or more dependents on Basic Plan	$2,836.05	$3.22	$2,839.27
Survivor & 1 dependent on HNSP Plan, and, 1 dependent on Basic Plan	$1,949.38	$3.22	$1,952.60
Survivor on Basic Plan, and, 1 dependent on HNSP Plan	$1,451.21	$3.22	$1,454.43
Survivor & 1 or more dependents on Basic Plan, and, 1 dependent on HNSP Plan	$2,836.05	$3.22	$2,839.27
COMBINATION OF HEALTH NET BASIC PLAN B AND HEALTH NET SENIORITY PLUS PLAN B (HNSP)			
Survivor on HNSP Plan, and, 1 dependent on Basic Plan	$1,230.50	$3.22	$1,233.72
Survivor on HNSP Plan, and, 2 or more dependents on Basic Plan	$2,398.60	$3.22	$2,401.82
Survivor & 1 dependent on HNSP Plan, and, 1 dependent on Basic Plan	$1,657.12	$3.22	$1,660.34
Survivor on Basic Plan, and, 1 dependent on HNSP Plan	$1,230.50	$3.22	$1,233.72
Survivor & 1 or more dependents on Basic Plan, and, 1 dependent on HNSP Plan	$2,398.60	$3.22	$2,401.82
HEALTH NET MEDICARE COORDINATION OF BENEFITS PLAN (HNCOB)			
Survivor on HNCOB Plan	$534.14	$3.22	$537.36
Survivor & 1 or more dependents, 2 on HNCOB	$1,068.28	$3.22	$1,071.50
COMBINATION OF HEALTH NET BASIC PLAN A AND HEALTH NET COORDINATION OF BENEFITS PLAN (HNCOB)			
Survivor on HNCOB, and, 1 dependents on Basic Plan	$1,487.18	$3.22	$1,490.40
Survivor on Basic Plan, and, 1 dependent on HNCOB	$1,487.18	$3.22	$1,490.40
Survivor on HNCOB, and, 2 or more dependents on HN Basic Plan	$2,872.02	$3.22	$2,875.24
Survivor & 1 dependent on HNCOB, and, 1 or more dependents on Basic Plan	$2,021.32	$3.22	$2,024.54
Survivor on Basic Plan, and 2 dependents on HNCOB	$2,021.32	$3.22	$2,024.54
COMBINATION OF HEALTH NET BASIC PLAN B AND HEALTH NET COORDINATION OF BENEFITS PLAN (HNCOB)			
Survivor on HNCOB, and, 1 dependents on Basic Plan	$1,338.02	$3.22	$1,341.24
Survivor on Basic Plan, and, 1 dependent on HNCOB	$1,338.02	$3.22	$1,341.24
Survivor on HNCOB, and, 2 or more dependents on HN Basic Plan	$2,506.12	$3.22	$2,509.34
Survivor & 1 dependent on HNCOB, and, 1 or more dependents on Basic Plan	$1,872.16	$3.22	$1,875.38
Survivor on Basic Plan, and 2 dependents on HNCOB	$1,872.16	$3.22	$1,875.38

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PLAN/COVERAGE DESCRIPTION	TOTAL MONTHLY PREMIUM	MONTHLY ADMIN. FEE	SURVIVOR MONTHLY SHARE
HEALTH NET CA & NAT'L PPO PLAN - BASIC PLAN A			
Survivor on PPO Basic Plan	$1,219.35	$3.22	$1,222.57
Survivor & 1 or more dependents on PPO Basic Plan	$2,896.67	$3.22	$2,899.89
HEALTH NET CA & NAT'L PPO PLAN - BASIC PLAN B			
Survivor on PPO Basic Plan	$1,107.41	$3.22	$1,110.63
Survivor & 1 or more dependents on PPO Basic Plan	$2,630.73	$3.22	$2,633.95
HEALTH NET CA & NAT'L PPO PLAN A WITH MEDICARE PARTS A & B			
Survivor on PPO Medicare Plan	$872.81	$3.22	$876.03
Survivor & 1 or more dependents on PPO Medicare Plan	$1,745.63	$3.22	$1,748.85
HEALTH NET CA & NAT'L PPO PLAN B WITH MEDICARE PARTS A & B			
Survivor on PPO Medicare Plan	$792.71	$3.22	$795.93
Survivor & 1 or more dependents on PPO Medicare Plan	$1,585.42	$3.22	$1,588.64
COMBINATION OF HEALTH NET CA & NAT'L PPO PLAN A - BASIC PLAN & PPO MEDICARE PLAN A			
Survivor on PPO Medicare Plan, and, 1 dependent on PPO Basic Plan	$2,092.16	$3.22	$2,095.38
Survivor on PPO Basic Plan, and, 1 dependent on PPO Medicare Plan	$2,092.16	$3.22	$2,095.38
Survivor & 1 dependent on PPO Medicare Plan, and, 1 dependent on PPO Basic Plan	$2,964.98	$3.22	$2,968.20
Survivor on PPO Basic Plan, and, 2 dependents on PPO Medicare Plan	$2,964.98	$3.22	$2,968.20
COMBINATION OF HEALTH NET CA & NAT'L PPO PLAN B - BASIC PLAN & PPO MEDICARE PLAN B			
Survivor on PPO Medicare Plan, and, 1 dependent on PPO Basic Plan	$1,900.12	$3.22	$1,903.34
Survivor on PPO Basic Plan, and, 1 dependent on PPO Medicare Plan	$1,900.12	$3.22	$1,903.34
Survivor & 1 dependent on PPO Medicare Plan, and, 1 dependent on PPO Basic Plan	$2,692.83	$3.22	$2,696.05
Survivor on PPO Basic Plan, and, 2 dependents on PPO Medicare Plan	$2,692.83	$3.22	$2,696.05
COMBINATION OF HEALTH NET SENIORITY PLUS PLAN A, AND, HEALTH NET CA & NAT'L PPO PLAN A	Closed Plan - No New Enrollments		
Survivor on HNSP Plan, and, 1 dependent on PPO Basic Plan	$1,717.52	$3.22	$1,720.74
Survivor on PPO Basic Plan, and, 1 dependent on HNSP Plan	$1,717.52	$3.22	$1,720.74
Survivor on HNSP Plan, and, 1 dependent on PPO Medicare Plan	$1,370.98	$3.22	$1,374.20
Survivor on PPO Medicare Plan, and, 1 dependent on HNSP Plan	$1,370.98	$3.22	$1,374.20
Survivor & 1 dependent on HNSP Plan, and, 1 dependent on PPO Basic Plan	$2,215.69	$3.22	$2,218.91
Survivor on PPO Basic Plan, and, 2 dependents on HNSP Plan	$2,215.69	$3.22	$2,218.91
COMBINATION OF HEALTH NET SENIORITY PLUS PLAN B, AND, HEALTH NET CA & NAT'L PPO PLAN B	Closed Plan - No New Enrollments		
Survivor on HNSP Plan, and, 1 dependent on PPO Basic Plan	$1,534.03	$3.22	$1,537.25
Survivor on PPO Basic Plan, and, 1 dependent on HNSP Plan	$1,534.03	$3.22	$1,537.25
Survivor on HNSP Plan, and, 1 dependent on PPO Medicare Plan	$1,219.33	$3.22	$1,222.55
Survivor on PPO Medicare Plan, and, 1 dependent on HNSP Plan	$1,219.33	$3.22	$1,222.55
Survivor & 1 dependent on HNSP Plan, and, 1 dependent on PPO Basic Plan	$1,960.65	$3.22	$1,963.87
Survivor on PPO Basic Plan, and, 2 dependents on HNSP Plan	$1,960.65	$3.22	$1,963.87

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PLAN/COVERAGE DESCRIPTION		TOTAL MONTHLY PREMIUM	MONTHLY ADMIN. FEE	SURVIVOR MONTHLY SHARE
DELTA DENTAL - $1,800 ANNUAL MAXIMUM				
For CCHP Plans A & B	Survivor	$44.27	$0.00	$44.27
	Family	$100.00	$0.00	$100.00
For Health Net Plans A&B	Survivor	$44.27	$0.00	$44.27
	Family	$100.00	$0.00	$100.00
For Kaiser Permanente Plans A & B	Survivor	$44.27	$0.00	$44.27
	Family	$100.00	$0.00	$100.00
Without a Health Plan	Survivor	$44.27	$3.22	$47.49
	Family	$100.00	$3.22	$103.22
DELTA CARE (PMI)				
For CCHP Plans A & B	Survivor	$28.77	$0.00	$28.77
	Family	$62.18	$0.00	$62.18
For Health Net Plans A&B	Survivor	$28.77	$0.00	$28.77
	Family	$62.18	$0.00	$62.18
For Kaiser Permanente Plans A & B	Survivor	$28.77	$0.00	$28.77
	Family	$62.18	$0.00	$62.18
Without a Health Plan	Survivor	$28.77	$3.22	$31.99
	Family	$62.18	$3.22	$65.40