2014 CONTRA COSTA MONTHLY MEDICAL AND DENTAL PREMIUMS
SURVIVORS OF RETIREES REPRESENTED BY PHYSICIAN'S AND DENTIST'S ORGANIZATION AT THE TIME OF RETIREMENT

FORMER BARGAINING UNITS: 1P & 1R			
PLAN/COVERAGE DESCRIPTION	**TOTAL MONTHLY PREMIUM**	**MONTHLY ADMIN. FEE**	**SURVIVOR MONTHLY SHARE**
CONTRA COSTA HEALTH PLAN - BASIC PLAN A			
Survivor on Basic Plan	$612.77	$3.22	$615.99
Survivor & 1 or more dependents on Basic Plan	$1,459.96	$3.22	$1,463.18
CONTRA COSTA HEALTH PLAN - BASIC PLAN B			
Survivor on Basic Plan	$679.27	$3.22	$682.49
Survivor & 1 or more dependents on Basic Plan	$1,614.06	$3.22	$1,617.28
CONTRA COSTA HEALTH PLAN - MEDICARE COORDINATION OF BENEFITS (COB) PLAN A			
Survivor on Medicare COB Plan	$279.23	$3.22	$282.45
Survivor & 1 dependent on Medicare COB Plan	$1,228.77	$3.22	$1,231.99
CONTRA COSTA HEALTH PLAN - MEDICARE COORDINATION OF BENEFITS (COB) PLAN B			
Survivor on Medicare COB Plan	$287.60	$3.22	$290.82
Survivor & 1 dependent on Medicare COB Plan	$1,265.63	$3.22	$1,268.85
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	$1,234.35	$3.22	$1,237.57
Survivor & 1 dependent on Medicare COB Plan , and, 1 or more dependents on Basic Plan	$1,228.77	$3.22	$1,231.99
Survivor on Basic Plan, and, 1 dependent on Medicare COB Plan	$1,234.35	$3.22	$1,237.57
Survivor	$1,228.77	$3.22	$1,231.99
Survivor & 1 dependent on Basic Plan, and, 1 or more dependents on Medicare COB Plan	$1,234.35	$3.22	$1,237.57
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	$1,271.38	$3.22	$1,274.60
Survivor & 1 dependent on Medicare COB Plan , and, 1 or more dependents on Basic Plan	$1,265.63	$3.22	$1,268.85
Survivor on Basic Plan, and, 1 dependent on Medicare COB Plan	$1,271.38	$3.22	$1,274.60
Survivor on Basic Plan, and, 2 or more dependents on Medicare COB Plan	$1,265.63	$3.22	$1,268.85
Survivor & 1 dependent on Basic Plan, and, 1 or more dependents on Medicare COB Plan	$1,271.38	$3.22	$1,274.60
KAISER PERMANENTE - BASIC PLAN A			
Survivor on Basic Plan	$768.47	$3.22	$771.69
Survivor & 1 or more dependents on Basic Plan	$1,790.52	$3.22	$1,793.74
KAISER PERMANENTE - BASIC PLAN B			
Survivor on Basic Plan	$676.03	$3.22	$679.25
Survivor & 1 or more dependents on Basic Plan	$1,575.17	$3.22	$1,578.39
KAISER PERMANENTE SENIOR ADVANTAGE (KPSA) PLAN A			
Survivor on KPSA Plan	$295.01	$3.22	$298.23
Survivor & 1 dependent on KPSA Plan	$796.71	$3.22	$799.93
Survivor & 2 dependents on KPSA Plan	$1,298.41	$3.22	$1,301.63
KAISER PERMANENTE SENIOR ADVANTAGE (KPSA) PLAN B			
Survivor on KPSA Plan	$223.69	$3.22	$226.91
Survivor & 1 dependent on KPSA Plan	$603.97	$3.22	$607.19
Survivor & 2 dependents on KPSA Plan	$984.25	$3.22	$987.47
COMBINATION OF KAISER BASIC PLAN AND KPSA PLAN A			
Survivor on KPSA Plan, and, 1 or more dependents on Basic Plan	$1,317.06	$3.22	$1,320.28
Survivor & 1 or more dependents on Basic Plan, and, 1 dependent on KSPA Plan	$1,270.17	$3.22	$1,273.39
COMBINATION OF KAISER BASIC PLAN AND KPSA PLAN B			
Survivor on KPSA Plan, and, 1 or more dependents on Basic Plan	$1,122.83	$3.22	$1,126.05
Survivor & 1 or more dependents on Basic Plan, and, 1 dependent on KSPA Plan	$1,056.31	$3.22	$1,059.53

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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	$1,067.40	$3.22	$1,070.62
Survivor & 1 or more dependents on Basic Plan	$2,618.43	$3.22	$2,621.65
HEALTH NET HMO PLAN - BASIC PLAN B			
Survivor on Basic Plan	$836.04	$3.22	$839.26
Survivor & 1 or more dependents on Basic Plan	$2,050.86	$3.22	$2,054.08
HEALTH NET SENIORITY PLUS (HNSP) PLAN A			
Survivor on HNSP Plan	$514.28	$3.22	$517.50
Survivor & 1 dependent on HNSP Plan	$1,028.56	$3.22	$1,031.78
Survivor & 2 dependent on HNSP Plan	$1,542.84	$3.22	$1,546.06
HEALTH NET SENIORITY PLUS (HNSP) PLAN B			
Survivor on HNSP Plan	$431.74	$3.22	$434.96
Survivor & 1 dependent on HNSP Plan	$863.48	$3.22	$866.70
Survivor & 2 dependent on HNSP Plan	$1,295.22	$3.22	$1,298.44
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	$1,087.31	$3.22	$1,090.53
Survivor on Health Net Coordination of Benefits (COB) Plan, and, dependent on HNSP	$1,087.31	$3.22	$1,090.53
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	$1,004.77	$3.22	$1,007.99
Survivor on Health Net Coordination of Benefits (COB) Plan, and, dependent on HNSP	$1,004.77	$3.22	$1,007.99
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	$1,581.68	$3.22	$1,584.90
Survivor on HNSP Plan, and, 2 or more dependents on Basic Plan	$3,132.71	$3.22	$3,135.93
Survivor & 1 dependent on HNSP Plan, and, 1 dependent on Basic Plan	$2,095.96	$3.22	$2,099.18
Survivor on Basic Plan, and, 1 dependent on HNSP Plan	$1,581.68	$3.22	$1,584.90
Survivor & 1 or more dependents on Basic Plan, and, 1 dependent on HNSP Plan	$3,132.71	$3.22	$3,135.93
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	$1,267.78	$3.22	$1,271.00
Survivor on HNSP Plan, and, 2 or more dependents on Basic Plan	$2,482.60	$3.22	$2,485.82
Survivor & 1 dependent on HNSP Plan, and, 1 dependent on Basic Plan	$1,699.52	$3.22	$1,702.74
Survivor on Basic Plan, and, 1 dependent on HNSP Plan	$1,267.78	$3.22	$1,271.00
Survivor & 1 or more dependents on Basic Plan, and, 1 dependent on HNSP Plan	$2,482.60	$3.22	$2,485.82
HEALTH NET MEDICARE COORDINATION OF BENEFITS PLAN (HNCOB)			
Survivor on HNCOB Plan	$573.03	$3.22	$576.25
Survivor & 1 or more dependents, 2 on HNCOB	$1,146.06	$3.22	$1,149.28
COMBINATION OF HEALTH NET BASIC PLAN A AND HEALTH NET COORDINATION OF BENEFITS PLAN (HNCOB)			
Survivor on HNCOB, and, 1 dependents on Basic Plan	$1,640.43	$3.22	$1,643.65
Survivor on Basic Plan, and, 1 dependent on HNCOB	$1,640.43	$3.22	$1,643.65
Survivor on HNCOB, and, 2 or more dependents on HN Basic Plan	$3,191.46	$3.22	$3,194.68
Survivor & 1 dependent on HNCOB, and, 1 or more dependents on Basic Plan	$2,213.46	$3.22	$2,216.68
Survivor on Basic Plan, and 2 dependents on HNCOB	$2,213.46	$3.22	$2,216.68
COMBINATION OF HEALTH NET BASIC PLAN B AND HEALTH NET COORDINATION OF BENEFITS PLAN (HNCOB)			
Survivor on HNCOB, and, 1 dependents on Basic Plan	$1,409.06	$3.22	$1,412.28
Survivor on Basic Plan, and, 1 dependent on HNCOB	$1,409.06	$3.22	$1,412.28
Survivor on HNCOB, and, 2 or more dependents on HN Basic Plan	$2,623.89	$3.22	$2,627.11
Survivor & 1 dependent on HNCOB, and, 1 or more dependents on Basic Plan	$1,982.10	$3.22	$1,985.32

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PLAN/COVERAGE DESCRIPTION	**TOTAL MONTHLY PREMIUM**	**MONTHLY ADMIN. FEE**	**SURVIVOR MONTHLY SHARE**
Survivor on Basic Plan, and 2 dependents on HNCOB	$1,982.10	$3.22	$1,985.32
HEALTH NET CA & NAT'L PPO PLAN - BASIC PLAN A			
Survivor on PPO Basic Plan	$1,365.43	$3.22	$1,368.65
Survivor & 1 or more dependents on PPO Basic Plan	$3,243.69	$3.22	$3,246.91
HEALTH NET CA & NAT'L PPO PLAN - BASIC PLAN B			
Survivor on PPO Basic Plan	$1,240.08	$3.22	$1,243.30
Survivor & 1 or more dependents on PPO Basic Plan	$2,945.89	$3.22	$2,949.11
HEALTH NET CA & NAT'L PPO PLAN A WITH MEDICARE PARTS A & B			
Survivor on PPO Medicare Plan	$924.22	$3.22	$927.44
Survivor & 1 or more dependents on PPO Medicare Plan	$1,848.43	$3.22	$1,851.65
HEALTH NET CA & NAT'L PPO PLAN B WITH MEDICARE PARTS A & B			
Survivor on PPO Medicare Plan	$839.40	$3.22	$842.62
Survivor & 1 or more dependents on PPO Medicare Plan	$1,678.80	$3.22	$1,682.02
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	$2,289.65	$3.22	$2,292.87
Survivor on PPO Basic Plan, and, 1 dependent on PPO Medicare Plan	$2,289.65	$3.22	$2,292.87
Survivor & 1 dependent on PPO Medicare Plan, and, 1 dependent on PPO Basic Plan	$3,213.86	$3.22	$3,217.08
Survivor on PPO Basic Plan, and, 2 dependents on PPO Medicare Plan	$3,213.86	$3.22	$3,217.08
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	$2,079.48	$3.22	$2,082.70
Survivor on PPO Basic Plan, and, 1 dependent on PPO Medicare Plan	$2,079.48	$3.22	$2,082.70
Survivor & 1 dependent on PPO Medicare Plan, and, 1 dependent on PPO Basic Plan	$2,918.88	$3.22	$2,922.10
Survivor on PPO Basic Plan, and, 2 dependents on PPO Medicare Plan	$2,918.88	$3.22	$2,922.10
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	$1,879.71	$3.22	$1,882.93
Survivor on PPO Basic Plan, and, 1 dependent on HNSP Plan	$1,879.71	$3.22	$1,882.93
Survivor on HNSP Plan, and, 1 dependent on PPO Medicare Plan	$1,438.50	$3.22	$1,441.72
Survivor on PPO Medicare Plan, and, 1 dependent on HNSP Plan	$1,438.50	$3.22	$1,441.72
Survivor & 1 dependent on HNSP Plan, and, 1 dependent on PPO Basic Plan	$2,393.99	$3.22	$2,397.21
Survivor on PPO Basic Plan, and, 2 dependents on HNSP Plan	$2,393.99	$3.22	$2,397.21
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	$1,671.82	$3.22	$1,675.04
Survivor on PPO Basic Plan, and, 1 dependent on HNSP Plan	$1,671.82	$3.22	$1,675.04
Survivor on HNSP Plan, and, 1 dependent on PPO Medicare Plan	$1,271.14	$3.22	$1,274.36
Survivor on PPO Medicare Plan, and, 1 dependent on HNSP Plan	$1,271.14	$3.22	$1,274.36
Survivor & 1 dependent on HNSP Plan, and, 1 dependent on PPO Basic Plan	$2,103.56	$3.22	$2,106.78
Survivor on PPO Basic Plan, and, 2 dependents on HNSP Plan	$2,103.56	$3.22	$2,106.78

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FORMER BARGAINING UNITS: 1P & 1R				
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	$29.06	$0.00	$29.06
	Family	$62.81	$0.00	$62.81
For Health Net Plans A&B	Survivor	$29.06	$0.00	$29.06
	Family	$62.81	$0.00	$62.81
For Kaiser Permanente Plans A & B	Survivor	$29.06	$0.00	$29.06
	Family	$62.81	$0.00	$62.81
Without a Health Plan	Survivor	$29.06	$3.22	$32.28
	Family	$62.81	$3.22	$66.03