

## NonPERS Medical, Dental, CVC and Life Insurance Renewal Rates

EXISTING PLANS and PERCENTAGE of RATE INCREASE or DECREASE

### NonPERS Medical Plans

3 Tier Rate Structure	Coverage	2016	2017	% of Change
Contra Costa Health Plan A	Employee (EE)	\$657.08	\$717.57	9.2 %
	EE + 1	\$1314.15	\$1435.13	9.2 %
	EE + 2 or more	\$1971.23	\$2152.71	9.2 %
Contra Costa Health Plan B	Employee (EE)	\$728.38	\$795.44	9.2 %
	EE + 1	\$1456.77	\$1590.88	9.2 %
	EE + 2 or more	\$2185.15	\$2386.32	9.2 %
Kaiser Permanente Plan A	Employee (EE)	\$749.80	\$718.07	-4.24 %
	EE + 1	\$1499.60	\$1436.14	-4.24 %
	EE + 2 or more	\$2249.39	\$2154.21	-4.24 %
Kaiser Permanente Plan B	Employee (EE)	\$585.68	\$570.73	-2.56 %
	EE + 1	\$1171.36	\$1141.45	-2.56 %
	EE + 2 or more	\$1757.04	\$1712.18	-2.56 %
Kaiser Permanente HDHP	Employee (EE)	\$470.10	\$458.07	-2.56 %
	EE + 1	\$940.21	\$916.14	-2.56 %
	EE + 2 or more	\$1410.32	\$1374.21	-2.56 %
Teamsters Local Union No. 856	Employee (EE)	N/A	\$655.00	N/A
Trust Fund KP Health Plan	EE + 1	N/A	\$1245.00	N/A
	EE + 2 or more	N/A	\$1736.00	N/A
Health Net HMO Plan A	Employee (EE)	\$1208.76	\$1292.89	6.96 %
	EE + 1	\$2417.52	\$2585.78	6.96 %
	EE + 2 or more	\$3626.27	\$3878.66	6.96 %
Health Net HMO Plan B	Employee (EE)	\$840.55	\$899.05	6.96 %
	EE + 1	\$1681.10	\$1798.10	6.96 %
	EE + 2 or more	\$2521.65	\$2697.16	6.96 %
Health Net CA & OOS PPO Plan A	Employee (EE)	\$1643.40	\$1712.92	4.23 %
	EE + 1	\$3286.80	\$3425.83	4.23 %
	EE + 2 or more	\$4930.20	\$5138.75	4.23 %
Health Net CA & OOS PPO Plan B	Employee (EE)	\$1479.47	\$1542.05	4.23 %
	EE + 1	\$2958.94	\$3084.10	4.23 %
	EE + 2 or more	\$4438.40	\$4626.14	4.23 %

2 Tier Rate Structure *	Coverage	2016	2017	% of Change
Contra Costa Health Plan A	Employee (EE)	\$709.06	\$774.34	9.2 %
	Family	\$1689.37	\$1844.90	9.2 %
Contra Costa Health Plan B	Employee (EE)	\$786.01	\$858.37	9.2 %
	Family	\$1867.68	\$2039.62	9.2 %
Kaiser Permanente Plan A	Employee (EE)	\$819.43	\$784.71	-4.24 %
	Family	\$1910.33	\$1829.38	-4.24 %
Kaiser Permanente Plan B	Employee (EE)	\$656.63	\$639.82	-2.56 %
	Family	\$1529.95	\$1490.77	-2.56 %
Kaiser Permanente HDHP	Employee (EE)	\$530.12	\$516.55	-2.56 %
	Family	\$1235.18	\$1203.56	-2.56 %
Health Net HMO Plan A	Employee (EE)	\$1294.30	\$1384.38	6.96 %
	Family	\$3175.02	\$3396.00	6.96 %
Health Net HMO Plan B	Employee (EE)	\$900.03	\$962.67	6.96 %
	Family	\$2207.86	\$2361.53	6.96 %
Health Net CA & OOS PPO Plan A	Employee (EE)	\$1699.52	\$1771.41	4.23 %
	Family	\$4037.34	\$4208.12	4.23 %
Health Net CA & OOS PPO Plan B	Employee (EE)	\$1529.99	\$1594.71	4.23 %
	EE + 1	\$3634.58	\$3788.32	4.23 %

\* Currently, the 2 Tier Rate Structure only applies to active CNA and PEU Local 1 members, and retirees who were members of CNA upon retirement.

## NonPERS Medical, Dental, CVC and Life Insurance Renewal Rates

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### NonPERS Medicare Coordination of Benefits (COB) Plans

Rate Structure	Coverage	2016	2017	% of Change
Contra Costa COB Health Plan A	Retiree	\$326.13	\$356.15	9.2 %
	Family, 1 Medicare	\$1043.62	\$1139.69	9.2 %
	2 Medicare	\$652.26	\$712.31	9.2 %
	Family, 2 Medicare	\$978.40	\$1068.46	9.2 %
Contra Costa COB Health Plan B	Retiree	\$335.91	\$366.83	9.2 %
	Family, 1 Medicare	\$1074.91	\$1173.87	9.2 %
	2 Medicare	\$671.82	\$733.67	9.2 %
	Family, 2 Medicare	\$1007.72	\$1100.50	9.2 %
Health Net COB Plan	Retiree/Spouse Only	\$659.04	\$711.58	7.97 %
	Retiree & Spouse	\$1318.08	\$1423.61	7.97 %
Health Net CA & OOS COB PPO Plan A	Retiree/Spouse Only	\$987.65	\$1057.79	7.1 %
	Retiree & Spouse	\$1975.30	\$2115.58	7.1 %
Health Net CA & OOS COB PPO Plan B	Retiree/Spouse Only	\$897.02	\$910.43	1.49 %
	Retiree & Spouse	\$1794.04	\$1820.86	1.49 %

### Medicare Senior Advantage Plans

Rate Structure	Coverage	2016	2017	% of Change
Health Net Seniority Plus Plan A	Retiree/Spouse Only	\$545.59	\$567.59	4.0 %
	Retiree & Spouse	\$1091.18	\$1135.18	4.0 %
Health Net Seniority Plus Plan B	Retiree/Spouse Only	\$458.02	\$476.49	4.0 %
	Retiree & Spouse	\$916.04	\$952.98	4.0 %
Kaiser Senior Advantage Plan A	A & B	\$296.97	\$320.78	4.02%
	B Only	\$657.74	\$684.16	4.02%
Kaiser Senior Advantage Plan A	A & B	\$225.18	\$243.19	5.22 %
	B Only	\$590.16	\$616.29	5.22 %

### Dental

Rate Structure	Coverage	2016	2017	% of Change
Delta Dental PPO ASO Fees	n/a	\$4.85	\$4.85	No change
Delta Dental PPO Claims Fees	Employee (EE)	\$44.27	\$45.16	2 %
	EE + 1 (Family)	\$100.00	\$102.00	2 %
	EE + 2 or more (Family)	\$100.00	\$102.00	2 %
Delta Care HMO	Employee (EE)	\$29.06	\$29.06	No change
	EE + 1 (Family)	\$62.81	\$62.81	No change
	EE + 2 or more (Family)	\$62.81	\$62.81	No change

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### Life Insurance

	2016	2017	% of Change
VOYA Basic Life Program	\$0.105/\$1000	\$0.105/\$1000	No change

VOYA Supplemental Life Program			
Employee Age	Rate per \$1000	Rate per \$1000	No change
0-24	\$0.07	\$0.07	No change
25-29	\$0.08	\$0.08	No change
30-34	\$0.10	\$0.10	No change
35-39	\$0.11	\$0.11	No change
40-44	\$0.16	\$0.16	No change
45-49	\$0.26	\$0.26	No change
50-54	\$0.42	\$0.42	No change
55-59	\$0.65	\$0.65	No change
60-64	\$1.01	\$1.01	No change
65-69	\$1.82	\$1.82	No change
≥ 70	\$3.52	\$3.52	No change

### Computer Vision Care Program

	2016	2017	% of Change
VSP CVC Plan	\$4.59	\$4.31	-6 %