

**RETIRED ON OR AFTER JANUARY 1, 2016 / OPTED OUT OF RSG SETTLEMENT CLASS**

<b>PLAN/COVERAGE DESCRIPTION</b>	<b>2017 TOTAL MONTHLY PREMIUM</b>	<b>2017 COUNTY SUBSIDY</b>	<b>2017 RETIREE MONTHLY SHARE</b>
<b>CONTRA COSTA HEALTH PLAN - BASIC PLAN A</b>			
Retiree on Basic Plan A	\$717.57	\$509.92	\$207.65
Retiree & 1 or more dependents on Basic Plan A	\$1,435.13	\$1,214.90	\$220.23
Retiree & 2 or more dependents on Basic Plan A	\$2,152.71	\$1,214.90	\$937.81
<b>CONTRA COSTA HEALTH PLAN - BASIC PLAN B</b>			
Retiree on Basic Plan B	\$795.44	\$528.50	\$266.94
Retiree & 1 or more dependents on Basic Plan B	\$1,590.88	\$1,255.79	\$335.09
Retiree & 2 or more dependents on Basic Plan B	\$2,386.32	\$1,255.79	\$1,130.53
<b>KAISER PERMANENTE - BASIC PLAN A</b>			
Retiree on Basic Plan A	\$718.07	\$478.91	\$239.16
Retiree & 1 or more dependents on Basic Plan A	\$1,436.14	\$1,115.84	\$320.30
Retiree & 2 or more dependents on Basic Plan A	\$2,154.21	\$1,115.84	\$1,038.37
<b>KAISER PERMANENTE - BASIC PLAN B</b>			
Retiree on Basic Plan B	\$570.73	\$478.91	\$91.82
Retiree & 1 or more dependents on Basic Plan B	\$1,141.45	\$1,115.84	\$25.61
Retiree & 2 or more dependents on Basic Plan B	\$1,712.18	\$1,115.84	\$596.34
<b>KAISER HIGH DEDUCTIBLE</b>			
Employee on Basic Plan	\$458.07	\$458.06	\$0.01
Employee & 1	\$916.14	\$916.13	\$0.01
Employee & 2 or more dependents on Basic Plan	\$1,374.21	\$1,115.84	\$258.37
<b>TEAMSTERS 856 TRUST FUND KP HEALTH PLAN</b>			
Employee on Basic Plan	\$655.00	\$478.91	\$176.09
Employee & 1	\$1,245.00	\$1,115.84	\$129.16
Employee & 2 or more dependents on Basic Plan	\$1,736.00	\$1,115.84	\$620.16
<b>HEALTH NET HMO PLAN - BASIC PLAN A</b>			
Retiree on Basic Plan A	\$1,292.89	\$627.79	\$665.10
Retiree & 1 or more dependents on Basic Plan A	\$2,585.78	\$1,540.02	\$1,045.76
Retiree & 2 or more dependents on Basic Plan A	\$3,878.66	\$1,540.02	\$2,338.64
<b>HEALTH NET HMO PLAN - BASIC PLAN B</b>			
Retiree on Basic Plan B	\$899.05	\$627.79	\$271.26
Retiree & 1 or more dependents on Basic Plan B	\$1,798.10	\$1,540.02	\$258.08
Retiree & 2 or more dependents on Basic Plan B	\$2,697.16	\$1,540.02	\$1,157.14
<b>HEALTH NET CA &amp; NAT'L PPO PLAN - BASIC PLAN A</b>			
Retiree on PPO Basic Plan A	\$1,712.92	\$604.60	\$1,108.32
Retiree & 1 or more dependents on PPO Basic Plan A	\$3,425.83	\$1,436.25	\$1,989.58
Retiree & 2 or more dependents on PPO Basic Plan A	\$5,138.75	\$1,436.25	\$3,702.50

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PLAN/COVERAGE DESCRIPTION		2017 TOTAL MONTHLY PREMIUM	2017 COUNTY SUBSIDY	2017 RETIREE MONTHLY SHARE
<b>HEALTH NET CA &amp; NAT'L PPO PLAN - BASIC PLAN B</b>				
Retiree on PPO Basic Plan B		\$1,542.05	\$604.60	\$937.45
Retiree & 1 or more dependents on PPO Basic Plan B		\$3,084.10	\$1,436.25	\$1,647.85
Retiree & 2 or more dependents on PPO Basic Plan B		\$4,626.14	\$1,436.25	\$3,189.89
<b>DELTA DENTAL PREMIER PPO - \$1,800 ANNUAL MAXIMUM</b>				
For CCHP Plans	Retiree	\$45.16	\$41.17	\$3.99
	Retiree +1	\$102.00	\$93.00	\$9.00
	Retiree + 2 or more	\$102.00	\$93.00	\$9.00
For Health Net Plans	Retiree	\$45.16	\$34.02	\$11.14
	Retiree +1	\$102.00	\$76.77	\$25.23
	Retiree + 2 or more	\$102.00	\$76.77	\$25.23
For Kaiser Permanente Plans	Retiree	\$45.16	\$34.02	\$11.14
	Retiree +1	\$102.00	\$76.77	\$25.23
	Retiree + 2 or more	\$102.00	\$76.77	\$25.23
Without a Health Plan	Retiree	\$45.16	\$43.35	\$1.81
	Retiree +1	\$102.00	\$97.81	\$4.19
	Retiree + 2 or more	\$102.00	\$97.81	\$4.19
<b>DELTA CARE (HMO)</b>				
For CCHP Plans	Retiree	\$29.06	\$25.41	\$3.65
	Retiree +1	\$62.81	\$54.91	\$7.90
	Retiree + 2 or more	\$62.81	\$54.91	\$7.90
For Health Net Plans	Retiree	\$29.06	\$21.31	\$7.75
	Retiree +1	\$62.81	\$46.05	\$16.76
	Retiree + 2 or more	\$62.81	\$46.05	\$16.76
For Kaiser Permanente Plans	Retiree	\$29.06	\$21.31	\$7.75
	Retiree +1	\$62.81	\$46.05	\$16.76
	Retiree + 2 or more	\$62.81	\$46.05	\$16.76
Without a Health Plan	Retiree	\$29.06	\$27.31	\$1.75
	Retiree +1	\$62.81	\$59.03	\$3.78
	Retiree + 2 or more	\$62.81	\$59.03	\$3.78

**PHYSICIANS AND DENTISTS ORGANIZATION**

<b>PLAN/COVERAGE DESCRIPTION</b>	<b>2017 TOTAL MONTHLY PREMIUM</b>	<b>2017 COUNTY MONTHLY SHARE</b>	<b>2017 RETIREE MONTHLY SHARE</b>
<b>CONTRA COSTA HEALTH PLAN - BASIC PLAN A</b>			
Retiree on Basic Plan A	\$717.57	\$600.51	\$117.06
Retiree & 1 or more dependents on Basic Plan A	\$1,435.13	\$1,430.76	\$4.37
Retiree & 2 or more dependents on Basic Plan A	\$2,152.71	\$1,430.76	\$721.95
<b>CONTRA COSTA HEALTH PLAN - BASIC PLAN B</b>			
Retiree on Basic Plan B	\$795.44	\$611.34	\$184.10
Retiree & 1 or more dependents on Basic Plan B	\$1,590.88	\$1,452.65	\$138.23
Retiree & 2 or more dependents on Basic Plan B	\$2,386.32	\$1,452.65	\$933.67
<b>KAISER PERMANENTE - BASIC PLAN A</b>			
Retiree on Basic Plan A	\$718.07	\$614.78	\$103.29
Retiree & 1 or more dependents on Basic Plan A	\$1,436.14	\$1,432.42	\$3.72
Retiree & 2 or more dependents on Basic Plan A	\$2,154.21	\$1,432.42	\$721.79
<b>KAISER PERMANENTE - BASIC PLAN B</b>			
Retiree on Basic Plan B	\$570.73	\$570.72	\$0.01
Retiree & 1 or more dependents on Basic Plan B	\$1,141.45	\$1,141.44	\$0.01
Retiree & 2 or more dependents on Basic Plan B	\$1,712.18	\$1,432.42	\$279.76
<b>KAISER HIGH DEDUCTIBLE</b>			
Employee on Basic Plan	\$458.07	\$458.06	\$0.01
Employee & 1	\$916.14	\$916.13	\$0.01
Employee & 2 or more dependents on Basic Plan	\$1,374.21	\$1,374.20	\$0.01
<b>TEAMSTERS 856 TRUST FUND KP HEALTH PLAN</b>			
Employee on Basic Plan	\$655.00	\$614.78	\$40.22
Employee & 1	\$1,245.00	\$1,244.99	\$0.01
Employee & 2 or more dependents on Basic Plan	\$1,736.00	\$1,432.42	\$303.58
<b>HEALTH NET HMO PLAN - BASIC PLAN A</b>			
Retiree on Basic Plan A	\$1,292.89	\$853.92	\$438.97
Retiree & 1 or more dependents on Basic Plan A	\$2,585.78	\$2,094.74	\$491.04
Retiree & 2 or more dependents on Basic Plan A	\$3,878.66	\$2,094.74	\$1,783.92
<b>HEALTH NET HMO PLAN - BASIC PLAN B</b>			
Retiree on Basic Plan B	\$899.05	\$853.92	\$45.13
Retiree & 1 or more dependents on Basic Plan B	\$1,798.10	\$1,798.09	\$0.01
Retiree & 2 or more dependents on Basic Plan B	\$2,697.16	\$2,094.74	\$602.42

**PHYSICANS AND DENTISTS ORGANIZATION**

<b>PLAN/COVERAGE DESCRIPTION</b>	<b>2017 TOTAL MONTHLY PREMIUM</b>	<b>2017 COUNTY MONTHLY SHARE</b>	<b>2017 RETIREE MONTHLY SHARE</b>	
<b>HEALTH NET CA &amp; NAT'L PPO PLAN - BASIC PLAN A</b>				
Retiree on PPO Basic Plan A	\$1,712.92	\$753.81	\$959.11	
Retiree & 1 or more dependents on PPO Basic Plan A	\$3,425.83	\$1,790.70	\$1,635.13	
Retiree & 2 or more dependents on PPO Basic Plan A	\$5,138.75	\$1,790.70	\$3,348.05	
<b>HEALTH NET CA &amp; NAT'L PPO PLAN - BASIC PLAN B</b>				
Retiree on PPO Basic Plan B	\$1,542.05	\$753.81	\$788.24	
Retiree & 1 or more dependents on PPO Basic Plan B	\$3,084.10	\$1,790.70	\$1,293.40	
Retiree & 2 or more dependents on PPO Basic Plan B	\$4,626.14	\$1,790.70	\$2,835.44	
<b>DELTA DENTAL PREMIER PPO - \$1,600 ANNUAL MAXIMUM</b>				
For CCHP Plans	Retiree	\$45.16	\$41.60	\$3.56
	Retiree +1	\$102.00	\$93.72	\$8.28
	Retiree + 2 or more	\$102.00	\$93.72	\$8.28
For Health Net Plans	Retiree	\$45.16	\$33.11	\$12.05
	Retiree +1	\$102.00	\$74.59	\$27.41
	Retiree + 2 or more	\$102.00	\$74.59	\$27.41
For Kaiser Permanente Plans	Retiree	\$45.16	\$33.11	\$12.05
	Retiree +1	\$102.00	\$74.59	\$27.41
	Retiree + 2 or more	\$102.00	\$74.59	\$27.41
Without a Health Plan	Retiree	\$45.16	\$42.44	\$2.72
	Retiree +1	\$102.00	\$95.62	\$6.38
	Retiree + 2 or more	\$102.00	\$95.62	\$6.38
<b>DELTA CARE (HMO)</b>				
For CCHP Plans	Retiree	\$29.06	\$28.48	\$0.58
	Retiree +1	\$62.81	\$61.55	\$1.26
	Retiree + 2 or more	\$62.81	\$61.55	\$1.26
For Health Net Plans	Retiree	\$29.06	\$22.67	\$6.39
	Retiree +1	\$62.81	\$48.99	\$13.82
	Retiree + 2 or more	\$62.81	\$48.99	\$13.82
For Kaiser Permanente Plans	Retiree	\$29.06	\$22.67	\$6.39
	Retiree +1	\$62.81	\$48.99	\$13.82
	Retiree + 2 or more	\$62.81	\$48.99	\$13.82
Without a Health Plan	Retiree	\$29.06	\$29.05	\$0.01
	Retiree +1	\$62.81	\$62.80	\$0.01
	Retiree + 2 or more	\$62.81	\$62.80	\$0.01