

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 | 2017 | 2018 | % of Change |
|--------------------------------|----------------|-----------|-----------|-------------|
| Contra Costa Health Plan A | Employee (EE) | \$717.57 | \$744.86 | 3.80 % |
| | EE + 1 | \$1435.13 | \$1489.70 | 3.80 % |
| | EE + 2 or more | \$2152.71 | \$2234.57 | 3.80 % |
| Contra Costa Health Plan B | Employee (EE) | \$795.44 | \$825.69 | 3.80 % |
| | EE + 1 | \$1590.88 | \$1651.38 | 3.80 % |
| | EE + 2 or more | \$2386.32 | \$2477.07 | 3.80 % |
| Kaiser Permanente Plan A | Employee (EE) | \$718.07 | \$783.86 | 9.16 % |
| | EE + 1 | \$1436.14 | \$1567.71 | 9.16 % |
| | EE + 2 or more | \$2154.21 | \$2351.57 | 9.16 % |
| Kaiser Permanente Plan B | Employee (EE) | \$570.73 | \$623.05 | 9.17 % |
| | EE + 1 | \$1141.45 | \$1246.09 | 9.17 % |
| | EE + 2 or more | \$1712.18 | \$1869.14 | 9.17 % |
| Kaiser Permanente HDHP | Employee (EE) | \$458.07 | \$499.94 | 9.14 % |
| | EE + 1 | \$916.14 | \$999.88 | 9.14 % |
| | EE + 2 or more | \$1374.21 | \$1499.82 | 9.14 % |
| Teamsters Local Union No. 856 | Employee (EE) | \$655.00 | \$655.00 | 0 % |
| Trust Fund KP Health Plan | EE + 1 | \$1245.00 | \$1245.00 | 0 % |
| | EE + 2 or more | \$1736.00 | \$1736.00 | 0 % |
| Health Net HMO Plan A | Employee (EE) | \$1292.89 | \$1512.68 | 17.0 % |
| | EE + 1 | \$2585.78 | \$3025.36 | 17.0 % |
| | EE + 2 or more | \$3878.66 | \$4538.04 | 17.0 % |
| Health Net HMO Plan B | Employee (EE) | \$899.05 | \$1051.89 | 17.0 % |
| | EE + 1 | \$1798.10 | \$2103.78 | 17.0 % |
| | EE + 2 or more | \$2697.16 | \$3155.67 | 17.0 % |
| Health Net CA & OOS PPO Plan A | Employee (EE) | \$1712.92 | \$2039.71 | 19.08 % |
| | EE + 1 | \$3425.83 | \$4079.42 | 19.08 % |
| | EE + 2 or more | \$5138.75 | \$6119.13 | 19.08 % |
| Health Net CA & OOS PPO Plan B | Employee (EE) | \$1542.05 | \$1836.24 | 19.08 % |
| | EE + 1 | \$3084.10 | \$3672.48 | 19.08 % |
| | EE + 2 or more | \$4626.14 | \$5508.72 | 19.08 % |

| 2 Tier Rate Structure * | Coverage | 2017 | 2018 | % of Change |
|--------------------------------|---------------|-----------|-----------|-------------|
| Contra Costa Health Plan A | Employee (EE) | \$774.34 | \$803.79 | 3.80 % |
| | Family | \$1844.90 | \$1915.06 | 3.80 % |
| Contra Costa Health Plan B | Employee (EE) | \$858.37 | \$891.01 | 3.80 % |
| | Family | \$2039.62 | \$2117.18 | 3.80 % |
| Kaiser Permanente Plan A | Employee (EE) | \$784.71 | \$856.59 | 9.16 % |
| | Family | \$1829.38 | \$1996.96 | 9.16 % |
| Kaiser Permanente Plan B | Employee (EE) | \$639.82 | \$698.46 | 9.17 % |
| | Family | \$1490.77 | \$1627.40 | 9.17 % |
| Health Net HMO Plan A | Employee (EE) | \$1384.38 | \$1619.72 | 16.89 % |
| | Family | \$3396.00 | \$3968.31 | 16.89 % |
| Health Net HMO Plan B | Employee (EE) | \$962.67 | \$1126.32 | 16.87 % |
| | Family | \$2361.53 | \$2759.48 | 16.87 % |
| Health Net CA & OOS PPO Plan A | Employee (EE) | \$1771.41 | \$2109.35 | 19.08 % |
| | Family | \$4208.12 | \$5020.25 | 19.08 % |

* The 2 Tier Rate Structure only applies to CNA Actives and Early Retirees

NonPERS Medicare Coordination of Benefits (COB) Plans

| | Coverage | 2017 | 2018 | % of Change |
|------------------------------------|---------------------|-----------|-----------|-------------|
| Contra Costa COB Health Plan A | Retiree | \$356.15 | \$369.69 | 3.80 % |
| | Family, 1 Medicare | \$1139.69 | \$1183.02 | 3.80 % |
| | 2 Medicare | \$712.31 | \$739.39 | 3.80 % |
| | Family, 2 Medicare | \$1068.46 | \$1109.09 | 3.80 % |
| Contra Costa COB Health Plan B | Retiree | \$366.83 | \$380.78 | 3.80 % |
| | Family, 1 Medicare | \$1173.87 | \$1218.50 | 3.80 % |
| | 2 Medicare | \$733.67 | \$761.56 | 3.80 % |
| | Family, 2 Medicare | \$1100.50 | \$1142.34 | 3.80 % |
| Health Net HMO A COB Plan | Retiree/Spouse Only | \$711.58 | \$772.06 | 8.50 % |
| | Retiree & Spouse | \$1423.16 | \$1544.12 | 8.50 % |
| Health Net HMO B COB Plan | Retiree/Spouse Only | \$661.58 | \$717.87 | 8.51 % |
| | Retiree & Spouse | \$1323.16 | \$1435.62 | 8.51 % |
| Health Net CA & OOS COB PPO Plan A | Retiree/Spouse Only | \$1057.79 | \$1113.11 | 5.23 % |
| | Retiree & Spouse | \$2115.58 | \$2226.22 | 5.23 % |
| Health Net CA & OOS COB PPO Plan B | Retiree/Spouse Only | \$910.43 | \$924.45 | 1.54 % |
| | Retiree & Spouse | \$1820.86 | \$1848.90 | 1.54 % |

Medicare Senior Advantage Plans

| | Coverage | 2017 | 2018 | % of Change |
|----------------------------------|---------------------|-----------|-----------|-------------|
| Health Net Seniority Plus Plan A | Retiree/Spouse Only | \$567.59 | \$567.59 | No change |
| | Retiree & Spouse | \$1135.18 | \$1135.18 | No change |
| Health Net Seniority Plus Plan B | Retiree/Spouse Only | \$476.49 | \$476.49 | No change |
| | Retiree & Spouse | \$952.98 | \$952.98 | No change |
| Kaiser Senior Advantage Plan A | A & B | \$320.78 | \$351.15 | 9.47 % |
| | B Only | \$684.16 | \$718.47 | 9.47 % |
| Kaiser Senior Advantage Plan A | A & B | \$243.19 | \$266.25 | 9.48 % |
| | B Only | \$616.29 | \$650.45 | 9.48 % |

Dental

| 2 Tier & 3 Tier Rate Structure | Coverage | 2017 | 2018 | % of Change |
|--------------------------------|-------------------------|----------|----------|-------------|
| Delta Dental PPO ASO Fees | n/a | \$4.85 | \$5.03 | 3.71% |
| Delta Dental PPO | Employee (EE) | \$45.16 | \$45.16 | No change |
| | EE + 1 (Family) | \$102.00 | \$102.00 | No change |
| | EE + 2 or more (Family) | \$102.00 | \$102.00 | No change |
| 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 |

Vision

| | | 2017 | 2018 | % of Change |
|-------------------------------|-------------------------|---------|---------|-------------|
| VSP Computer Vision Care Plan | Employee (EE) | \$4.31 | \$4.31 | No Change |
| VSP Voluntary Vision Plan | Employee (EE) | \$10.08 | \$10.08 | No Change |
| | EE + 1 (Family) | \$20.14 | \$20.14 | No Change |
| | EE + 2 or more (Family) | \$32.44 | \$32.44 | No Change |

Life Insurance

| | 2017 | 2018 | % of Change |
|--------------------------------|----------------|---------------|-------------|
| VOYA Basic Life AD & D Program | \$0.125/\$1000 | \$0.08/\$1000 | -0.064 % |

| | | | |
|--------------------------------|-----------------|-----------------|-----------|
| 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 |