

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

EXISTING PLANS and PERCENTAGE of RATE INCREASE or DECREASE

### NonPERS Medical Plans

3 Tier Rate Structure	Coverage	2018	2019	% of Change
Contra Costa Health Plan A	Employee (EE)	\$744.86	\$812.06	9.00 %
	EE + 1	\$1,489.70	\$1,624.10	9.00 %
	EE + 2 or more	\$2,234.57	\$2,436.18	9.00 %
Contra Costa Health Plan B	Employee (EE)	\$825.69	\$900.19	9.00 %
	EE + 1	\$1,651.38	\$1,800.37	9.00 %
	EE + 2 or more	\$2,477.07	\$2,700.56	9.00 %
Kaiser Permanente Plan A	Employee (EE)	\$783.86	\$877.30	11.92%
	EE + 1	\$1,567.71	\$1,754.60	11.92%
	EE + 2 or more	\$2,351.57	\$2,631.90	11.92%
Kaiser Permanente Plan B	Employee (EE)	\$623.05	\$697.28	11.91%
	EE + 1	\$1,246.09	\$1,394.56	11.91%
	EE + 2 or more	\$1,869.14	\$2,091.84	11.91%
Kaiser Permanente HDHP	Employee (EE)	\$499.94	\$559.68	11.95%
	EE + 1	\$999.88	\$1,119.36	11.95%
	EE + 2 or more	\$1,499.82	\$1,679.04	11.95%
Teamsters Local Union No. 856	Employee (EE)	\$655.00	\$720.00	9.92%
Trust Fund KP Health Plan	EE + 1	\$1,245.00	\$1,369.00	9.96%
	EE + 2 or more	\$1,736.00	\$1,909.00	9.97%
Health Net HMO Plan A	Employee (EE)	\$1,512.68	\$1,677.56	10.90%
	EE + 1	\$3,025.36	\$3,355.12	10.90%
	EE + 2 or more	\$4,538.04	\$5,032.68	10.90%
Health Net HMO Plan B	Employee (EE)	\$1,051.89	\$1,166.55	10.90%
	EE + 1	\$2,103.78	\$2,333.10	10.90%
	EE + 2 or more	\$3,155.67	\$3,499.65	10.90%
Health Net CA & OOS PPO Plan A	Employee (EE)	\$2,039.71	\$2,340.40	14.70%
	EE + 1	\$4,079.42	\$4,680.80	14.70%
	EE + 2 or more	\$6,119.13	\$7,021.20	14.70%

2 Tier Rate Structure *	Coverage	2018	2019	% of Change
Contra Costa Health Plan A	Employee (EE)	\$803.79	\$876.31	9.00%
	Family	\$1,915.06	\$2,087.84	9.00%
Contra Costa Health Plan B	Employee (EE)	\$891.01	\$971.40	9.00%
	Family	\$2,117.18	\$2,308.20	9.00%
Kaiser Permanente Plan A	Employee (EE)	\$856.59	\$958.66	11.92%
	Family	\$1,996.96	\$2,233.68	11.85%
Kaiser Permanente Plan B	Employee (EE)	\$698.46	\$781.64	11.91%
	Family	\$1,627.40	\$1,821.23	11.91%
Health Net HMO Plan A	Employee (EE)	\$1,619.72	\$1,796.27	10.90%
	Family	\$3,968.31	\$4,400.86	10.90%
Health Net HMO Plan B	Employee (EE)	\$1,126.32	\$1,249.09	10.90%
	Family	\$2,759.48	\$3,060.27	10.90%
Health Net CA & OOS PPO Plan A	Employee (EE)	\$2,109.35	\$2,420.31	14.70%
	Family	\$5,020.25	\$5,760.34	14.70%

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

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

	Coverage	2018	2019	% of Change
Contra Costa COB Health Plan A	Retiree	\$369.69	\$403.04	9.00%
	Family, 1 Medicare	\$1,183.02	\$1,289.74	9.00%
	2 Medicare	\$739.39	\$806.09	9.00%
	Family, 2 Medicare	\$1,109.08	\$1,209.13	9.00%
Contra Costa COB Health Plan B	Retiree	\$380.78	\$415.13	9.00%
	Family, 1 Medicare	\$1,218.50	\$1,328.43	9.00%
	2 Medicare	\$761.56	\$830.27	9.00%
	Family, 2 Medicare	\$1,142.34	\$1,245.40	9.00%
Health Net HMO A COB Plan	Retiree/Spouse Only	\$772.06	\$877.90	13.71%
	Retiree & Spouse	\$1,544.12	\$1,755.80	13.71%
Health Net HMO B COB Plan	Retiree/Spouse Only	\$717.87	\$816.21	13.71%
	Retiree & Spouse	\$1,435.62	\$1,632.42	13.71%
Health Net CA & OOS COB PPO Plan A	Retiree/Spouse Only	\$1,113.11	\$1,201.53	7.94%
	Retiree & Spouse	\$2,226.22	\$2,403.06	7.94%

### Medicare Senior Advantage Plans

	Coverage	2018	2019	% of Change
Health Net Seniority Plus Plan A	Retiree/Spouse Only	\$567.59	\$595.96	5.00%
	Retiree & Spouse	\$1,135.18	\$1,191.92	5.00%
Health Net Seniority Plus Plan B	Retiree/Spouse Only	\$476.49	\$500.31	5.00%
	Retiree & Spouse	\$952.98	\$1,000.62	5.00%
Kaiser Senior Advantage Plan A	A & B	\$351.15	\$368.54	4.95%
Kaiser Senior Advantage Plan B	A & B	\$266.25	\$279.40	4.94%

### Dental

2 Tier & 3 Tier Rate Structure	Coverage	2018	2019	% of Change
Delta Dental PPO ASO Fees	N/A	\$5.03	\$5.03	No change
Delta Dental PPO	Employee (EE)	\$45.16	\$46.06	2.00%
	EE + 1 (Family)	\$102.00	\$104.04	2.00%
	EE + 2 or more (Family)	\$102.00	104.04	2.00%
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

		2018	2019	% of Change
VSP Computer Vision Care Plan (CVC)	Employee (EE)	\$4.31	\$4.31	No Change
VSP Voluntary Vision Plan	Employee (EE)	\$10.08	\$10.08	No Change
	EE + 1	\$20.14	\$20.14	No Change
	EE + 2 or more	\$32.44	\$32.44	No Change

**Life Insurance**

	<b>2018</b>	<b>2019</b>	<b>% of Change</b>
VOYA Basic Life AD & D Program	\$0.08/\$1000	\$0.08/\$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