

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	2019	2020	% of Change
Contra Costa Health Plan A	Employee (EE)	\$812.06	\$892.18	9.9%
	EE + 1	\$1,624.10	\$1,784.34	9.9%
	EE + 2 or more	\$2,436.18	\$2,676.54	9.9%
Contra Costa Health Plan B	Employee (EE)	\$900.19	\$989.00	9.9%
	EE + 1	\$1,800.37	\$1,978.00	9.9%
	EE + 2 or more	\$2,700.56	\$2,967.00	9.9%
Kaiser Permanente Plan A	Employee (EE)	\$877.30	\$879.23	0.22%
	EE + 1	\$1,754.60	\$1,758.46	0.22%
	EE + 2 or more	\$2,631.90	\$2,637.69	0.22%
Kaiser Permanente Plan B	Employee (EE)	\$697.28	\$698.82	0.22%
	EE + 1	\$1,394.56	\$1,397.64	0.22%
	EE + 2 or more	\$2,091.84	\$2,096.46	0.22%
Kaiser Permanente HDHP	Employee (EE)	\$559.68	\$560.90	0.22%
	EE + 1	\$1,119.36	\$1,121.80	0.22%
	EE + 2 or more	\$1,679.04	\$1,682.70	0.22%
Teamsters Local Union No. 856	Employee (EE)	\$720.00	\$690.80	-4.1%
Trust Fund KP Health Plan	EE + 1	\$1,369.00	\$1,423.76	4.0%
	EE + 2 or more	\$1,909.00	\$2,043.36	7.0%
Health Net SmartCare HMO A (new plan)	Employee (EE)	N/A	\$1,322.48	N/A
	EE + 1	N/A	\$2,644.96	N/A
	EE + 2 or more	N/A	\$3,967.44	N/A
Health Net SmartCare HMO B (new plan)	Employee (EE)	N/A	\$942.98	N/A
	EE + 1	N/A	\$1,885.96	N/A
	EE + 2 or more	N/A	\$2,828.94	N/A
Health Net CA & OOS PPO Plan A	Employee (EE)	\$2,340.40	\$2,691.46	15.0%
	EE + 1	\$4,680.80	\$5,382.92	15.0%
	EE + 2 or more	\$7,021.20	\$8,074.38	15.0%
Health Net HMO Plan A (PDOCC Only)	Employee (EE)	\$1,677.56	\$1,761.04	5.0%
	EE + 1	\$3,355.12	\$3,522.08	5.0%
	EE + 2 or more	\$5,032.68	\$5,283.12	5.0%
Health Net HMO Plan B (PDOCC Only)	Employee (EE)	\$1,166.55	\$1,224.60	5.0%
	EE + 1	\$2,333.10	\$2,449.20	5.0%
	EE + 2 or more	\$3,499.65	\$3,673.80	5.0%

2 Tier Rate Structure *	Coverage	2019	2020	% of Change
Contra Costa Health Plan A	Employee (EE)	\$876.31	\$962.77	9.9%
	Family	\$2,087.84	\$2,293.83	9.9%
Contra Costa Health Plan B	Employee (EE)	\$971.40	\$1,067.24	9.9%
	Family	\$2,308.20	\$2,535.93	9.9%
Kaiser Permanente Plan A	Employee (EE)	\$958.66	\$960.76	0.22%
	Family	\$2,233.68	\$2,238.57	0.22%
Kaiser Permanente Plan B	Employee (EE)	\$781.64	\$783.35	0.22%
	Family	\$1,821.23	\$1,825.21	0.22%
Health Net HMO Plan A	Employee (EE)	\$1,796.27	\$1,885.66	5.0%
	Family	\$4,400.86	\$4,619.87	5.0%
Health Net HMO Plan B	Employee (EE)	\$1,249.09	\$1,311.25	5.0%
	Family	\$3,060.27	\$3,212.56	5.0%
Health Net CA & OOS PPO Plan A	Employee (EE)	\$2,420.31	\$2,783.36	15.0%
	Family	\$5,760.34	\$6,624.40	15.0%

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

2 Tier Rate Structure	Coverage	2019	2020	% of Change
Contra Costa Health Plan A2	Employee (EE)	\$668.40	\$734.56	9.9%
	Family	\$1,495.14	\$1,643.16	9.9%

NonPERS Medicare Coordination of Benefits (COB) Plans

3 Tier Rate Structure	Coverage	2019	2020	% of Change
Contra Costa COB Health Plan A	Retiree	\$403.04	\$442.80	9.9%
	2 Medicare	\$806.09	\$885.61	9.9%
Contra Costa COB Health Plan B	Retiree	\$415.13	\$456.09	9.9%
	2 Medicare	\$830.27	\$912.18	9.9%
Health Net HMO A COB Plan	Retiree	\$877.90	\$899.85	2.5%
	2 Medicare	\$1,755.80	\$1,799.70	2.5%
Health Net HMO B COB Plan	Retiree	\$816.21	\$836.62	2.5%
	2 Medicare	\$1,632.42	\$1,673.24	2.5%
Health Net SmartCare HMO A COB (new plan)	Retiree	N/A	\$891.07	N/A
	2 Medicare	N/A	\$1,782.14	N/A
Health Net SmartCare HMO B COB (new plan)	Retiree	N/A	\$816.21	N/A
	2 Medicare	N/A	\$1,632.42	N/A
Health Net CA & OOS COB PPO Plan A	Retiree	\$1,201.53	\$1,231.57	2.5%
	2 Medicare	\$2,403.06	\$2,463.14	2.5%
2 Tier Rate Structure*	Coverage	2019	2020	% of Change
Contra Costa COB Health Plan A	Retiree	\$403.04	\$442.80	9.9%
	2 Medicare	\$806.09	\$885.61	9.9%
Contra Costa COB Health Plan B	Retiree	\$415.13	\$456.09	9.9%
	2 Medicare	\$830.27	\$912.18	9.9%
Health Net HMO A COB Plan	Retiree	\$877.90	\$899.85	2.5%
	2 Medicare	\$1,755.80	\$1,799.70	2.5%
Health Net HMO B COB Plan	Retiree	\$816.21	\$836.62	2.5%
	2 Medicare	\$1,632.42	\$1,673.24	2.5%
Health Net CA & OOS COB PPO Plan A	Retiree	\$1,201.53	\$1,231.57	2.5%
	2 Medicare	\$2,403.06	\$2,463.14	2.5%

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

Medicare Senior Advantage Plans

3 Tier Rate Structure	Coverage	2019	2020	% of Change
Kaiser Senior Advantage Plan A	Retiree	\$368.50	\$386.21	4.8%
	2 Medicare	\$994.77	\$1,042.60	4.8%
Kaiser Senior Advantage Plan B	Retiree	\$279.36	\$292.77	4.8%
	2 Medicare	\$753.85	\$790.08	4.8%
Health Net Seniority Plus Plan A	Retiree	\$595.96	\$663.07	11.3%
	2 Medicare	\$1,191.92	\$1,326.14	11.3%
Health Net Seniority Plus Plan B	Retiree	\$500.31	\$556.65	11.3%
	2 Medicare	\$1,000.62	\$1,113.30	11.3%
2 Tier Rate Structure	Coverage	2019	2020	% of Change
Kaiser Senior Advantage Plan A	Retiree	\$368.54	\$386.24	4.8%
	2 Medicare	\$995.39	\$1,043.20	4.8%
Kaiser Senior Advantage Plan B	Retiree	\$279.40	\$292.80	4.8%
	2 Medicare	\$754.47	\$790.68	4.8%
Health Net Seniority Plus Plan A	Retiree	\$595.96	\$663.07	11.3%
	2 Medicare	\$1,191.92	\$1,326.14	11.3%
Health Net Seniority Plus Plan B	Retiree	\$500.31	\$556.65	11.3%
	2 Medicare	\$1,000.62	\$1,113.30	11.3%

Dental

2 Tier & 3 Tier Rate Structure	Coverage	2019	2020	% of Change
Delta Dental PPO ASO Fees	N/A	\$5.03	\$5.03	No change
Delta Dental PPO	Employee (EE)	\$46.06	\$46.52	1.0%
	EE + 1 (Family)	\$104.04	\$105.08	1.0%
	EE + 2 or more (Family)	\$104.04	\$105.08	1.0%
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

		2019	2020	% of Change
VSP Computer Vision Care Plan (CVC)	Employee (EE)	\$4.31	\$3.51	-18.56%
VSP Voluntary Vision Plan (3-tier)	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

	2019	2020	% of Change
VOYA Basic Life AD&D Program	\$0.08/\$1000	\$0.08/\$1000	No change

VOYA Supplemental Life AD&D Program			
Employee and Spouse 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
Dependent Children (Supp. Life only):			
\$5,000	\$0.80	\$0.80	No change
\$10,000	\$1.60	\$1.60	No change