

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	2024	2025	% of Change
Contra Costa Health Plan A	Employee (EE)	\$ 1,185.45	\$ 1,262.51	6.50%
	EE + 1	\$ 2,370.85	\$ 2,524.98	6.50%
	EE + 2 or more	\$ 3,556.32	\$ 3,787.51	6.50%
Contra Costa Health Plan B	Employee (EE)	\$ 1,314.08	\$ 1,399.51	6.50%
	EE + 1	\$ 2,628.15	\$ 2,799.00	6.50%
	EE + 2 or more	\$ 3,942.25	\$ 4,198.53	6.50%
Kaiser Permanente Plan A	Employee (EE)	\$ 945.36	\$ 977.28	3.38%
	EE + 1	\$ 1,890.72	\$ 1,954.56	3.38%
	EE + 2 or more	\$ 2,836.08	\$ 2,931.84	3.38%
Kaiser Permanente Plan B	Employee (EE)	\$ 751.38	\$ 776.74	3.38%
	EE + 1	\$ 1,502.76	\$ 1,553.48	3.38%
	EE + 2 or more	\$ 2,254.14	\$ 2,330.22	3.38%
Kaiser Permanente HDHP	Employee (EE)	\$ 603.14	\$ 623.50	3.38%
	EE + 1	\$ 1,206.28	\$ 1,247.00	3.38%
	EE + 2 or more	\$ 1,809.42	\$ 1,870.50	3.38%
Teamsters Local 856 Kaiser Trust Health Plan	Employee (EE)	\$ 872.84	\$ 960.12	10.00%
	EE + 1	\$ 1,786.32	\$ 1,964.96	10.00%
	EE + 2 or more	\$ 2,557.56	\$ 2,813.32	10.00%
Health Net SmartCare HMO A	Employee (EE)	\$ 1,770.42	\$ 1,903.38	7.51%
	EE + 1	\$ 3,540.84	\$ 3,806.76	7.51%
	EE + 2 or more	\$ 5,311.26	\$ 5,710.14	7.51%
Health Net SmartCare HMO B	Employee (EE)	\$ 1,184.52	\$ 1,273.48	7.51%
	EE + 1	\$ 2,369.04	\$ 2,546.95	7.51%
	EE + 2 or more	\$ 3,553.56	\$ 3,820.43	7.51%
Health Net CA & OOS PPO Plan A	Employee (EE)	\$ 3,640.25	\$ 4,095.28	12.50%
	EE + 1	\$ 7,280.50	\$ 8,190.56	12.50%
	EE + 2 or more	\$ 10,920.75	\$ 12,285.84	12.50%

2 Tier Rate Structure *	Coverage	2024	2025	% of Change
Contra Costa Health Plan A	Employee (EE)	\$ 1,279.24	\$ 1,362.40	6.50%
	Family	\$ 3,047.81	\$ 3,245.94	6.50%
Contra Costa Health Plan B	Employee (EE)	\$ 1,418.04	\$ 1,510.22	6.50%
	Family	\$ 3,369.48	\$ 3,588.52	6.50%
Kaiser Permanente Plan A	Employee (EE)	\$ 1,033.06	\$ 1,067.95	3.38%
	Family	\$ 2,407.04	\$ 2,488.32	3.38%
Kaiser Permanente Plan B	Employee (EE)	\$ 842.28	\$ 870.72	3.38%
	Family	\$ 1,962.50	\$ 2,028.76	3.38%
Kaiser Permanente HDHP	Employee (EE)	\$ 680.14	\$ 703.10	3.38%
	Family	\$ 1,584.74	\$ 1,638.22	3.37%
Health Net HMO SmartCare Plan A	Employee (EE)	\$ 1,895.68	\$ 2,038.05	7.51%
	Family	\$ 4,644.42	\$ 4,993.22	7.51%
Health Net HMO SmartCare Plan B	Employee (EE)	\$ 1,268.33	\$ 1,363.58	7.51%
	Family	\$ 3,107.41	\$ 3,340.78	7.51%
Contra Costa Health Plan A2	Employee (EE)	\$ 976.71	\$ 1,040.20	6.50%
	Family	\$ 2,184.85	\$ 2,326.89	6.50%

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

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NonPERS Medicare Coordination of Benefits (COB) Plans

3 Tier Rate Structure		Coverage	2024	2025	% of Change
Contra Costa COB Health Plan A	Retiree		\$ 588.35	\$ 626.60	6.50%
	2 Medicare		\$ 1,176.70	\$ 1,253.20	6.50%
Contra Costa COB Health Plan B	Retiree		\$ 606.00	\$ 645.40	6.50%
	2 Medicare		\$ 1,212.01	\$ 1,290.79	6.50%
Health Net HMO A COB Plan	Retiree		\$ 934.49	\$ 976.54	4.50%
	2 Medicare		\$ 1,868.98	\$ 1,953.08	4.50%
Health Net HMO B COB Plan	Retiree		\$ 847.82	\$ 885.97	4.50%
	2 Medicare		\$ 1,695.64	\$ 1,771.94	4.50%
Health Net CA &OOS COB PPO Plan A	Retiree		\$ 1,316.83	\$ 1,381.35	4.90%
	2 Medicare		\$ 2,633.66	\$ 2,762.70	4.90%
2 Tier Rate Structure*		Coverage	2024	2025	% of Change
Contra Costa COB Health Plan A	Retiree		\$ 588.35	\$ 626.60	6.50%
	2 Medicare		\$ 1,176.70	\$ 1,253.20	6.50%
Contra Costa COB Health Plan B	Retiree		\$ 606.00	\$ 645.40	6.50%
	2 Medicare		\$ 1,212.01	\$ 1,290.79	6.50%
Health Net HMO A COB Plan	Retiree		\$ 934.49	\$ 976.54	4.50%
	2 Medicare		\$ 1,868.98	\$ 1,953.08	4.50%
Health Net HMO B COB Plan	Retiree		\$ 847.82	\$ 885.97	4.50%
	2 Medicare		\$ 1,695.64	\$ 1,771.94	4.50%
Health Net CA &OOS COB PPO Plan A	Retiree		\$ 1,316.83	\$ 1,381.35	4.90%
	2 Medicare		\$ 2,633.66	\$ 2,762.70	4.90%

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

Medicare Senior Advantage Plans

3 Tier Rate Structure		Coverage	2024	2025	% of Change
Kaiser Senior Advantage Plan A	Retiree		\$ 357.44	\$ 414.28	15.90%
	2 Medicare		\$ 964.86	\$ 1,118.44	15.92%
Kaiser Senior Advantage Plan B	Retiree		\$ 270.99	\$ 314.03	15.88%
	2 Medicare		\$ 731.23	\$ 847.52	15.90%
Health Net Seniority Plus Plan A	Retiree		\$ 759.85	\$ 809.24	6.50%
	2 Medicare		\$ 1,519.70	\$ 1,618.48	6.50%
Health Net Seniority Plus Plan B	Retiree		\$ 637.90	\$ 679.36	6.50%
	2 Medicare		\$ 1,275.80	\$ 1,358.72	6.50%
2 Tier Rate Structure		Coverage	2024	2025	% of Change
Kaiser Senior Advantage Plan A	Retiree		\$ 357.51	\$ 414.37	15.90%
	2 Medicare		\$ 965.55	\$ 1,119.18	15.91%
Kaiser Senior Advantage Plan B	Retiree		\$ 271.06	\$ 314.12	15.89%
	2 Medicare		\$ 731.92	\$ 848.26	15.90%
Health Net Seniority Plus Plan A	Retiree		\$ 759.85	\$ 809.24	6.50%
	2 Medicare		\$ 1,519.70	\$ 1,618.48	6.50%
Health Net Seniority Plus Plan B	Retiree		\$ 637.90	\$ 679.36	6.50%
	2 Medicare		\$ 1,275.80	\$ 1,358.72	6.50%

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Dental PPO

2 Tier & 3 Tier Rate Structure	Coverage	2024	2025	% of Change
Delta Dental PPO ASO Fees	N/A	\$4.93	\$4.93	0.00%
Delta Dental PPO	Employee (EE)	\$46.52	\$46.52	0.00%
	EE + 1 (Family)	\$105.08	\$105.08	0.00%
	EE + 2 or more (Family)	\$105.08	\$105.08	0.00%

Dental DHMO

2 Tier & 3 Tier Rate Structure	Coverage	2024	2025	% of Change
Delta Care HMO	Employee (EE)	\$24.17	\$24.17	0.00%
	EE + 1 (Family)	\$52.23	\$52.23	0.00%
	EE + 2 or more (Family)	\$52.23	\$52.23	0.00%

Vision

		2024	2025	% of Change
VSP Computer Vision Care Plan (CVC)	Employee (EE)	\$1.78	\$1.69	-5.06%
VSP Voluntary Vision Plan (3-tier)	Employee (EE)	\$9.00	\$8.55	-5.00%
	EE + 1	\$17.99	\$17.10	-4.95%
	EE + 2 or more	\$28.98	\$27.54	-4.97%

Life Insurance

	2024	2025	% of Change
VOYA Basic Life AD&D Program	\$0.074/\$1,000	\$0.074/\$1,000	0.00%
VOYA Supplemental Life AD&D Program			
Employee and Spouse Age:	Rate per \$1,000	Rate per \$1,000	
0-24	\$0.07	\$0.07	0.00%
25-29	\$0.08	\$0.08	0.00%
30-34	\$0.10	\$0.10	0.00%
35-39	\$0.11	\$0.11	0.00%
40-44	\$0.14	\$0.14	0.00%
45-49	\$0.22	\$0.22	0.00%
50-54	\$0.34	\$0.34	0.00%
55-59	\$0.59	\$0.59	0.00%
60-64	\$0.99	\$0.99	0.00%
65-69	\$1.82	\$1.82	0.00%
≥ 70	\$3.52	\$3.52	0.00%
Dependent Children (Supp. Life only):			
\$5,000	\$0.80	\$0.80	0.00%
\$10,000	\$1.60	\$1.60	0.00%