

COBRA PARTICIPANTS

| PLAN/COVERAGE DESCRIPTION                                |          | 2017 TOTAL<br>MONTHLY<br>PREMIUM | MONTHLY ADMIN<br>FEE | PARTICIPANT<br>MONTHLY SHARE |
|--|----------|----------------------------------|----------------------|------------------------------|
| <b>CONTRA COSTA HEALTH PLAN - BASIC PLAN A</b>           |          |                                  |                      |                              |
| Employee on Basic Plan                                   |          | \$774.34                         | \$15.49              | \$789.83                     |
| Employee & 1 or more dependents on Basic Plan            |          | \$1,844.90                       | \$36.90              | \$1,881.80                   |
| <b>CONTRA COSTA HEALTH PLAN - BASIC PLAN B</b>           |          |                                  |                      |                              |
| Employee on Basic Plan                                   |          | \$858.37                         | \$17.17              | \$875.54                     |
| Employee & 1 or more dependents on Basic Plan            |          | \$2,039.62                       | \$40.79              | \$2,080.41                   |
| <b>KAISER PERMANENTE - BASIC PLAN A</b>                  |          |                                  |                      |                              |
| Employee on Basic Plan                                   |          | \$784.71                         | \$15.69              | \$800.40                     |
| Employee & 1 or more dependents on Basic Plan            |          | \$1,829.38                       | \$36.59              | \$1,865.97                   |
| <b>KAISER PERMANENTE - BASIC PLAN B</b>                  |          |                                  |                      |                              |
| Employee on Basic Plan                                   |          | \$639.82                         | \$12.80              | \$652.62                     |
| Employee & 1 or more dependents on Basic Plan            |          | \$1,490.77                       | \$29.82              | \$1,520.59                   |
| <b>HEALTH NET HMO PLAN - BASIC PLAN A</b>                |          |                                  |                      |                              |
| Employee on Basic Plan                                   |          | \$1,384.38                       | \$27.69              | \$1,412.07                   |
| Employee & 1 or more dependents on Basic Plan            |          | \$3,396.00                       | \$67.92              | \$3,463.92                   |
| <b>HEALTH NET HMO PLAN - BASIC PLAN B</b>                |          |                                  |                      |                              |
| Employee on Basic Plan                                   |          | \$962.67                         | \$19.25              | \$981.92                     |
| Employee & 1 or more dependents on Basic Plan            |          | \$2,361.53                       | \$47.23              | \$2,408.76                   |
| <b>HEALTH NET CA &amp; NAT'L PPO PLAN - BASIC PLAN A</b> |          |                                  |                      |                              |
| Employee on PPO Basic Plan                               |          | \$1,771.41                       | \$35.43              | \$1,806.84                   |
| Employee & 1 or more dependents on PPO Basic Plan        |          | \$4,208.12                       | \$84.16              | \$4,292.28                   |
| <b>HEALTH NET CA &amp; NAT'L PPO PLAN - BASIC PLAN B</b> |          |                                  |                      |                              |
| Employee on PPO Basic Plan                               |          | \$1,594.71                       | \$31.89              | \$1,626.60                   |
| Employee & 1 or more dependents on PPO Basic Plan        |          | \$3,788.32                       | \$75.77              | \$3,864.09                   |
| <b>DELTA DENTAL PREMIER PPO - \$1,800 Annual Maximum</b> |          |                                  |                      |                              |
| For CCHP Plans   | Employee | \$45.16                          | \$0.89               | \$46.05                      |
|  | Family   | \$102.00                         | \$2.00               | \$104.00                     |
| For Health Net Plans                                     | Employee | \$45.16                          | \$0.89               | \$46.05                      |
|  | Family   | \$102.00                         | \$2.00               | \$104.00                     |
| For Kaiser Permanente Plans                              | Employee | \$45.16                          | \$0.89               | \$46.05                      |
|  | Family   | \$102.00                         | \$2.00               | \$104.00                     |
| Without a Health Plan                                    | Employee | \$45.16                          | \$0.89               | \$46.05                      |
|  | Family   | \$102.00                         | \$2.00               | \$104.00                     |
| <b>DELTA CARE (HMO)</b>                                  |          |                                  |                      |                              |
| For CCHP Plans   | Employee | \$29.06                          | \$0.59               | \$29.65                      |
|  | Family   | \$62.81                          | \$1.26               | \$64.07                      |
| For Health Net Plans                                     | Employee | \$29.06                          | \$0.59               | \$29.65                      |
|  | Family   | \$62.81                          | \$1.26               | \$64.07                      |
| For Kaiser Permanente Plans                              | Employee | \$29.06                          | \$0.59               | \$29.65                      |
|  | Family   | \$62.81                          | \$1.26               | \$64.07                      |
| Without a Health Plan                                    | Employee | \$29.06                          | \$0.59               | \$29.65                      |
|  | Family   | \$62.81                          | \$1.26               | \$64.07                      |
| <b>VSP VOLUNTARY VISION PLAN</b>                         |          |                                  |                      |                              |
| Employee   |          | \$10.08                          | \$0.20               | \$10.28                      |
| Family   |          | \$27.80                          | \$0.56               | \$28.36                      |