

Memo

To: Commission Members
From: Alexander Khu
Date: Monday September 8, 2014
Re: September 8, 2014 Commission Meeting

Enclosed are the materials for the September 8, 2014 Commission meeting which will take place as follows:

Time: 6:00 pm

Location: 1485 Civic Court, Suite 1200, Concord, CA
925-771-7300

A light dinner will be provided.

Please let me know if you have any questions.

Kind Regards,

Alexander Khu, Executive Assistant
First 5 Contra Costa
CHILDREN AND FAMILIES COMMISSION
1485 Civic Court,
Suite 1200
Concord, CA 94520
925-771-7342 Direct
925-771-6083 Fax



COMMISSION MEETING

Agenda

Monday, September 8, 2014, 6:00 pm
1485 Civic Court, Suite 1200
Large Conference Room
Concord, CA

1.0 Call to Order and Roll Call

2.0 Public Comment

The public may comment on any item of public interest within the jurisdiction of the First 5 Contra Costa Children and Families Commission. In accordance with the Brown Act, if a member of the public addresses an item not on the posted agenda, no response, discussion, or action on the item may occur.

3.0 Approval of Consent Calendar

Action

A Commissioner or member of the public may ask that any of the following consent items be removed from the consent calendar for consideration under Item 4.

3.1 Approve the minutes from the July 7, 2014 Commission meeting.

3.2 Approve the Contracts Docket

- 3.2.1 APPROVE and AUTHORIZE the Executive Director to execute a contract with WestEd to provide regional assessor training and anchoring consistent with the Bay Area Regional Assessment Protocols in an amount not to exceed \$135,574.00 for term September 8, 2014 to June 30, 2015. FY2014-15 budget line: Early Care & Education Initiative: Early Learning Quality (\$2,059,000). To be funded in equal parts by First 5 Alameda, First 5 Contra Costa, First 5 Santa Clara, First 5 Santa Cruz, First 5 San Mateo and First 5 San Francisco with Race to the Top (RTT) Early Learning Challenge grant funds.
- 3.2.2 APPROVE and AUTHORIZE the Executive Director to execute a contract amendment with Contra Costa Child Care Council to increase the payment limit by \$71,766 (from \$1,112,028 to \$1,183,794) to provide eligible low-income children with Preschool Makes a Difference (PMD) scholarships for designated high-quality preschool providers. 100% of funds are from the Thomas J Long Foundation.
- 3.2.3 APPROVE and AUTHORIZE the Executive Director to execute a contract amendment with Counseling Options & Parent Education Support Center, Inc. to increase the payment limit by \$75,000 (from \$65,000 to \$140,000) to provide Triple P classes to parents with children ages 0-5 utilizing certified trainers with skill sets in serving the development needs of young children and their families throughout Contra Costa County. 100% of additional funds are from Contra Costa County Health Services.

COMMISSION MEETING

AGENDA

Monday September 8, 2014

Page 1 of 2

- | | | |
|-------------|--|---------------|
| 4.0 | Consider for discussion and approval any items removed from the consent calendar. | Action |
| 5.0 | Presentation and discussion of an updated schedule for development of the 2015-2020 strategic plan. | |
| 6.0 | Consider adoption of the First 5 Contra Costa Breastfeeding Policy | Action |
| 7.0 | Consider accepting the 2014 premium contribution rates for active employee health and dental benefits, and maintaining existing contribution rates for health and dental benefits for retirees, survivors and COBRA participants. | Action |
| 8.0 | Consider accepting the final financial report for fiscal year 2013-2014. | Action |
| 9.0 | Consider approving the nomination of Dr. William Walker as Commission Vice-Chair for the remainder of calendar year 2014. | Action |
| 10.0 | Update on process of nomination of Commission officers for 2015. | |
| 11.0 | Executive Director's Report | |
| 12.0 | Communications
None received. | |
| 13.0 | Commissioner F.Y.I. Updates | |
| 14.0 | Adjourn | |

The First 5 Contra Costa Children and Families Commission will provide reasonable accommodations for persons with disabilities planning to participate in Commission meetings who contact the Commission's offices, at least 48 hours before the meeting, at (925) 771-7300.

Any disclosable public records related to an open session item on a regular meeting agenda and distributed by the First 5 Contra Costa Children and Families Commission to a majority of members of the First 5 Contra Costa Children and Families Commission less than 96 hours prior to that meeting are available for public inspection at 1485 Enea Court, Suite 1200, Concord, CA 94520 during normal business hours.

In consideration of those who may suffer from chemical sensitivities or who may have allergic reactions to heavy scents, First 5 Contra Costa requests that staff and visitors refrain from wearing perfume, cologne, or the use of strongly scented products in the work place. We thank you for your consideration of others.



Monday September 8, 2014

Agenda Item 3.1

Approve the minutes from the July 7, 2014 meeting.



COMMISSION MEETING MINUTES

Monday, July 7, 2014, 6:00 pm
1485 Civic Court, Suite 1200
Large Conference Room
Concord, CA

1.0 Call to Order and Roll Call

The meeting was called to order at 6:11 pm by Vice-Chair, Maria Fort.

Commissioners in attendance were:

Maria Fort, Dr. William Walker, Belinda Lucey for Barbara Cappa, Toni Robertson for John Jones, Matt Regan for Gareth Ashley and Katharine Mason for Kathy Gallagher.

Alternates who were present were:

Mister Phillips and Wanda Session.

Absent: Commissioners Barbara Cappa, PJ Shelton, John Jones, Gareth Ashley, Supervisor Candace Andersen, and Alternate Commissioners John Mills, Joan Miller and Supervisor Karen Mitchoff.

2.0 Public Comment

Angela Gattis, Family Support Specialist at Care Parent Network announced the upcoming Support group for parents and families who have kids with Down syndrome. These meetings are starting to have gatherings in Spanish as well. She also announced the annual "Congreso Familiar" on Saturday August 9, 2014 from 8:30 AM – 3:30 PM at Chabot College in Hayward (2555 Hesperian Blvd, Hayward, CA). "Congreso Familiar" is a conference dedicated to promoting education and leadership skills within Spanish speaking families who have children or family members with disability.

3.0 Approval of Consent Calendar

A motion was made by Dr. William Walker to approve the items on the consent calendar. Matt Regan seconded.

AYES: Maria Fort, Dr. William Walker, Belinda Lucey for Barbara Cappa, Toni Robertson for John Jones, Matt Regan for Gareth Ashley and Katharine Mason for Kathy Gallagher.

NOES: None

ABSTAIN: None

5.0 Annual presentation of reports from the First 5 Center Community Advisory Councils

Early Childhood Development Program Officer Lisa Morrell opened the presentation. Each of the First 5 Centers has a Community Advisory Council, members comprised of parent volunteers from the neighborhood. Each year they conduct a needs assessment in order to solicit parent input

regarding programing at the Center. CAC members learn to devise surveys and interviews and analyze the data they gathered and prepare presentations. Recommendations this year were based on the focus of their year-long projects on the “Five Protective Factors” (the foundation of the Strengthening Families Approach: namely, parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and social and emotional competence of children.) This year some of the groups are sharing their recommendations and presentation with local elected officials as well.

Each of the five Centers (Delta, Bay Point, Antioch, West County, Monument) then made five-minute presentations outlining their findings and recommendations, including more classes and workshops that highlight “me time” and stress reduction for parents, teaching children resilience, and workshops on development of social and emotional competence for children.

Commissioners thanked the CAC members for their contributions. Maria Fort suggested that centers consider pooling their findings and resources together and share information to benefit the community.

6.0 Consider revising the First 5 Contra Costa 2014 Employee Compensation and Benefits Resolution

Sean Casey reported that at the April 7, 2014 Commission meeting, the Commission established a salary range for the Executive Director. In anticipation of the upcoming 2014 fiscal audit review, he asked the Commission to accept the revision of the 2014 Employee Compensation and Benefits resolution to reflect the Commission’s previous action.

Toni Robertson made a motion to accept the revised 2014 Employee Compensation and Benefits resolution. Dr. William Walker seconded.

AYES: Maria Fort, Dr. William Walker, Belinda Lucey for Barbara Cappa, Toni Robertson for John Jones, Matt Regan for Gareth Ashley and Katharine Mason for Kathy Gallagher.

NOES: None

ABSTAIN: None

7.0 Executive Director’s Report

Sean Casey reported the following highlights within the last month:

Last month the Commission approved a letter with County First 5s and other advocates urging the legislature to consider childcare slots, quality and reimbursement in its plan for increasing childcare funding. Within days, the legislature had passed a budget that did just that. The State Preschool Program, in particular, will have funds to increase the number of slots, but also support local quality improvement efforts, similar to our QRIS program.

We recently met our target of 100 sites enrolled in the QRIS program. Our first cohort was 62 programs and we have 38 additional sites in the second cohort. The 100 sites include all the Contra Costa Head Start preschools, nearly all of the county State Preschools, and numerous private centers and family child care homes.

To carry out our QRIS efforts we have hired a quality improvement coach, Kellie Davis, and expect to hire a second coach this summer. The Child Care Council, under our contract, will also hire a coach, rounding out the team that will be working with all 100 sites on their quality improvement plans.

As of June 30 we received all the applications for the CARES professional development stipends. A total of 260 participant applications were received (up 30% over last year).

First 5 and its Sugar Bites creative contract, Better World Advertising, received a “Communicator Gold Award” for top Websites in Health for the Sugar Bites Campaign.

Sacramento First 5 has paid to put the Sugar Bites posters up on transit buses in their area. Also, an Associated Press reporter picked up a story on a California bill that require warning labels on sodas and sugary drinks, and notes that “a children’s health group recently launched a “Sugar Bites” ad campaign in the east San Francisco Bay Area and state capital depicting sugary drinks as snarling monsters with sharp teeth held by anxious children.”

<http://www.npr.org/templates/story/story.php?storyId=323070860>

Sean got to attend the Father’s celebration at the West County First 5 Center. Many dads were present and actively participating with their children in a variety of activities all over the Center. The BACR staff did a great job putting on the event.

We have a new report, based on the report card on our website and detailing our funded programs and program highlights from the last year.

8.0 Communications

None.

9.0 Commissioner F.Y.I. Updates

Katharine Mason announced that the 2013 Community Service Bureau Annual Report is now available online: <http://www.contracosta.ca.gov/documentcenter/view/32103>

10.0 Adjourn

The meeting was adjourned at 7:25 pm.



Monday September 8, 2014

Agenda Item 6.0

Consider adoption of the First 5 Contra Costa Breastfeeding Policy



**Staff Report
September 8, 2014**

ACTION: X
DISCUSSION:

TITLE: Consider adoption of the First 5 Contra Costa Breastfeeding Policy

Background:

The Healthy and Active Before 5 coalition encourages its member agencies to adopt model policies that support healthy living for children. First 5 Contra Costa is an active member of the HAB5 coalition. Previously, the Commission adopted a healthy food and beverage policy guiding the food choices for events funded by the Commission.

First 5 Contra Costa has always striven to provide a family-friendly workplace that meets the needs of working parents. Toward that end, staff created a dedicated nursing room two years ago, in anticipation of several staff deliveries. The nursing room is also available to office visitors who need to pump while in the office for business.

The breast feeding policy establishes existing staff practices and has been reviewed by staff who have nursed at First 5 over the last several years.

Recommendation:

That the Commission adopt the First 5 Contra Costa Breastfeeding Policy.

First 5 Contra Costa Breastfeeding Policy

Rationale

Supporting women so that they can continue to breastfeed when they return to work is important for child health, family support, and a family-friendly workplace. The California Lactation Accommodation Law (Labor Code 1030-1033) requires that all California employers make reasonable efforts to provide a private space - other than a restroom stall - and a reasonable amount of break time to accommodate an employee desiring to nurse or express breast milk for her baby.

Policy Statement

First 5 Contra Costa encourages all Contra Costa employers to promote and support breastfeeding and the expression of breast milk by their nursing employees when they return to work.

Implementing the Policy

First 5 Contra Costa encourages all First 5 employees to have a positive, accepting attitude toward working women who breastfeed and to flexibly and reasonably accommodate employees' breastfeeding needs.

First 5 Contra Costa will make a reasonable effort to provide:

- ✓ An expanded break for both morning and afternoon for employees to nurse an infant or express breast milk.
- ✓ A private Nursing Room for exclusive use of breastfeeding women.
- ✓ Refrigerator space in break room refrigerator or in common refrigerator for storage of expressed breast milk.
- ✓ A written breastfeeding policy that is communicated to all employees
- ✓ Written information about how to contact a skilled lactation care provider.

Breastfeeding Employees of First 5 Contra Costa are responsible for:

- ✓ Keeping supervisors informed of their needs so that appropriate accommodations can be made to satisfy both the employee and First 5 Contra Costa.
- ✓ Labeling all expressed milk that is stored in a common refrigerator with their name and date collected.
- ✓ Coordinating times to share the Nursing Room when more than one breastfeeding employee needs the space.

Resources

Breastfeeding Advice

- | | |
|---|----------------------|
| 1. Contra Costa Breastfeeding Advice Line | 1-800-878-7767 |
| 2. La Leche League | 1-877-452-5324 |
| 3. John Muir Health | (925) 941-7900 |
| 4. Sutter/Delta | (925) 779-7200 x4206 |
| 5. Alta Bates | (510) 204-6546 |
| 6. Kaiser | |
| Walnut Creek | (925) 295-4368 |
| Antioch | (925) 813-3879 |
| Oakland | (510) 752-7557 |
| Richmond | (510) 307-2514 |

Employer Tool Kits

1. The Business Case for Breastfeeding. Steps to Creating a Breastfeeding Friendly Worksite: Employees' Guide to Breastfeeding and Working
http://ask.hrsa.gov/detail_materials.cfm?ProdID=4122
2. CDC Healthy Worksite Initiative: Lactation Program.
<http://www.cdc.gov/nccdphp/dnpao/hwi/toolkits/lactation/index.htm>
3. Investing in Maternal Child Health: an employer's tool kit. National Business Group on Health.
www.businessgrouphealth.org/healthtopics/maternalchild/investing.

Breastfeeding Supplies and Books

www.medela.com

www.amysbabies.com

www.ameda.com

www.la lecheleague.com

www.ChildbirthGraphics.com



Monday September 8, 2014

Agenda Item 7.0

Consider accepting the 2014 premium contribution rates for active employee health and dental benefits, and maintaining existing contribution rates for health and dental benefits for retirees, survivors and COBRA participants.



**Staff Report
September 8, 2014**

ACTION: X
DISCUSSION:

TITLE: Consider accepting the 2015 premium contribution rates for active employee health and dental benefits, and maintaining existing contribution levels for health and dental benefits for retirees, survivors and COBRA participants.

Introduction:

From its inception, the Commission has chosen to participate in the County's health benefits plan for First 5 employees. Each year the County negotiates the premiums with the health insurance providers and provides a rate sheet to First 5 listing the employer and employee contributions based on the negotiated rates (see attached). Since 2012, the Commission has adopted an 80%/20% employer/employee contribution split for active employees who work 20 hours or more per week, which is reflected on the attached rate sheet. First 5 does not contribute to health or dental premiums for COBRA participants, permanent-intermittent employees, or part-time employees who work less than 20 hours per week. Contributions for retirees and survivor's health, dental and vision costs are paid out of the First 5 CERBT trust; contributions remain at the 2011 levels capped by the Board of Supervisors.

The Commission must set the contribution levels at this meeting as the open enrollment period opens September 15 and closes October 10..

Background:

Eight plans are available through four different carriers. Each carrier offers a Plan A and a higher-cost Plan B. Within each plan, rates are set for individual employee plans or family plans consisting of one or more family members in addition to the employee. The Board of Supervisors approved the 2015 premiums at its August 5, 2013 meeting. The premiums for the majority of the plans will increase in 2015, by a range of 5.58% to 11.32%; premiums for two plans are decreasing by 1.46% and 5.69%.

Costs for the two dental plans and vision plan remain unchanged through December, 2015.

**First 5 Contra Costa
Annual Cost of Employee Health Benefits**

	2013 Actual <i>Employer Share: 80%</i>	2014 Actual <i>Employer Share: 80%</i>	2015 Projected <i>Employer Share: 80%</i>
Total employees receiving health and/or dental benefit	20	21	22
Total employer contributions	\$220,333	\$245,783	\$249,784
Percent gain over previous year	2%	12%	2%

Currently, of the 23 staff eligible for health benefits, 17 participate in both health and dental plans, five participate only in dental, and one does not participate in any plan (last year two employees did not participate in any plan).

Based on current staff enrollment, the 2015 employer cost is expected to increase about 1.5% in the coming year. Last year we filled two positions resulting in a different mix of employee plan choices and actual costs that were slightly higher than projected. Because of the small number of participating employees the actual cost could change significantly if more staff enroll, or if current participants change plans or disenroll altogether.

Recommendation:

Staff recommend the Commission accept the 2015 premium contribution rates for active employee health and dental benefits, and maintain existing contribution levels for health and dental benefits for retirees, survivors and COBRA participants.

PERMANENT FULL TIME EMPLOYEES AND PART TIME EMPLOYEES SCHEDULED TO WORK AT LEAST 20 HOURS PER WEEK

PLAN/COVERAGE DESCRIPTION		2015 TOTAL MONTHLY PREMIUM	2015 FIRST 5 MONTHLY SUBSIDY	2015 EMPLOYEE MONTHLY SHARE
CONTRA COSTA HEALTH PLAN - BASIC PLAN A				
Employee on Basic Plan		\$654.44	\$523.56	\$130.88
Employee & 1 or more dependents on Basic Plan		\$1,559.24	\$1,247.40	\$311.84
CONTRA COSTA HEALTH PLAN - BASIC PLAN B				
Employee on Basic Plan		\$725.46	\$580.37	\$145.09
Employee & 1 or more dependents on Basic Plan		\$1,723.82	\$1,379.06	\$344.76
KAISER PERMANENTE - BASIC PLAN A				
Employee on Basic Plan		\$811.33	\$649.07	\$162.26
Employee & 1 or more dependents on Basic Plan		\$1,891.44	\$1,513.16	\$378.28
KAISER PERMANENTE - BASIC PLAN B				
Employee on Basic Plan		\$637.55	\$510.04	\$127.51
Employee & 1 or more dependents on Basic Plan		\$1,485.48	\$1,188.39	\$297.09
HEALTH NET HMO PLAN - BASIC PLAN A				
Employee on Basic Plan		\$1,184.71	\$947.77	\$236.94
Employee & 1 or more dependents on Basic Plan		\$2,906.20	\$2,324.96	\$581.24
HEALTH NET HMO PLAN - BASIC PLAN B				
Employee on Basic Plan		\$823.83	\$659.07	\$164.76
Employee & 1 or more dependents on Basic Plan		\$2,020.92	\$1,616.74	\$404.18
HEALTH NET CA & NAT'L PPO PLAN - BASIC PLAN A				
Employee on PPO Basic Plan		\$1,520.06	\$1,216.05	\$304.01
Employee & 1 or more dependents on PPO Basic Plan		\$3,611.02	\$2,888.82	\$722.20
HEALTH NET CA & NAT'L PPO PLAN - BASIC PLAN B				
Employee on PPO Basic Plan		\$1,368.43	\$1,094.75	\$273.68
Employee & 1 or more dependents on PPO Basic Plan		\$3,250.79	\$2,600.64	\$650.15
DELTA DENTAL PREMIER - \$1,800 Annual Maximum				
For CCHP Plans	Employee	\$44.27	\$41.17	\$3.10
	Family	\$100.00	\$93.00	\$7.00
For Health Net Plans	Employee	\$44.27	\$34.02	\$10.25
	Family	\$100.00	\$76.77	\$23.23
For Kaiser Permanente Plans	Employee	\$44.27	\$34.02	\$10.25
	Family	\$100.00	\$76.77	\$23.23
Without a Health Plan	Employee	\$44.27	\$43.35	\$0.92
	Family	\$100.00	\$97.81	\$2.19
DELTA CARE (PMI)				
For CCHP Plans	Employee	\$29.06	\$25.41	\$3.65
	Family	\$62.81	\$54.91	\$7.90
For Health Net Plans	Employee	\$29.06	\$21.31	\$7.75
	Family	\$62.81	\$46.05	\$16.76
For Kaiser Permanente Plans	Employee	\$29.06	\$21.31	\$7.75
	Family	\$62.81	\$46.05	\$16.76
Without a Health Plan	Employee	\$29.06	\$27.31	\$1.75
	Family	\$62.81	\$59.03	\$3.78

PERMANENT INTERMITTENT EMPLOYEES AND PART TIME EMPLOYEES SCHEDULED TO WORK LESS THAN 20 HOURS PER WEEK

PLAN/COVERAGE DESCRIPTION		2015 TOTAL MONTHLY PREMIUM	2015 LIFE INSURANCE PREMIUM	2015 EMPLOYEE MONTHLY SHARE
CONTRA COSTA HEALTH PLAN - BASIC PLAN A				
Employee on Basic Plan		\$654.44	\$1.25	\$655.69
Employee & 1 or more dependents on Basic Plan		\$1,559.24	\$1.25	\$1,560.49
CONTRA COSTA HEALTH PLAN - BASIC PLAN B				
Employee on Basic Plan		\$725.46	\$1.25	\$726.71
Employee & 1 or more dependents on Basic Plan		\$1,723.82	\$1.25	\$1,725.07
KAISER PERMANENTE - BASIC PLAN A				
Employee on Basic Plan		\$811.33	\$1.25	\$812.58
Employee & 1 or more dependents on Basic Plan		\$1,891.44	\$1.25	\$1,892.69
KAISER PERMANENTE - BASIC PLAN B				
Employee on Basic Plan		\$637.55	\$1.25	\$638.80
Employee & 1 or more dependents on Basic Plan		\$1,485.48	\$1.25	\$1,486.73
HEALTH NET HMO PLAN - BASIC PLAN A				
Employee on Basic Plan		\$1,184.71	\$1.25	\$1,185.96
Employee & 1 or more dependents on Basic Plan		\$2,906.20	\$1.25	\$2,907.45
HEALTH NET HMO PLAN - BASIC PLAN B				
Employee on Basic Plan		\$823.83	\$1.25	\$825.08
Employee & 1 or more dependents on Basic Plan		\$2,020.92	\$1.25	\$2,022.17
HEALTH NET CA & NAT'L PPO PLAN - BASIC PLAN A				
Employee on PPO Basic Plan		\$1,520.06	\$1.25	\$1,521.31
Employee & 1 or more dependents on PPO Basic Plan		\$3,611.02	\$1.25	\$3,612.27
HEALTH NET CA & NAT'L PPO PLAN - BASIC PLAN B				
Employee on PPO Basic Plan		\$1,368.43	\$1.25	\$1,369.68
Employee & 1 or more dependents on PPO Basic Plan		\$3,250.79	\$1.25	\$3,252.04
DELTA DENTAL PREMIER - \$1,800 Annual Maximum				
For CCHP Plans	Employee	\$44.27	\$0.00	\$44.27
	Family	\$100.00	\$0.00	\$100.00
For Health Net Plans	Employee	\$44.27	\$0.00	\$44.27
	Family	\$100.00	\$0.00	\$100.00
For Kaiser Permanente Plans	Employee	\$44.27	\$0.00	\$44.27
	Family	\$100.00	\$0.00	\$100.00
Without a Health Plan	Employee	\$44.27	\$1.25	\$45.52
	Family	\$100.00	\$1.25	\$101.25
DELTA CARE (PMI)				
For CCHP Plans	Employee	\$29.06	\$0.00	\$29.06
	Family	\$62.81	\$0.00	\$62.81
For Health Net Plans	Employee	\$29.06	\$0.00	\$29.06
	Family	\$62.81	\$0.00	\$62.81
For Kaiser Permanente Plans	Employee	\$29.06	\$0.00	\$29.06
	Family	\$62.81	\$0.00	\$62.81
Without a Health Plan	Employee	\$29.06	\$1.25	\$30.31
	Family	\$62.81	\$1.25	\$64.06

2015 MONTHLY MEDICAL AND DENTAL PREMIUMS
**RETIREES WHO WERE EMPLOYED BY FIRST 5
AT THE TIME OF RETIREMENT**

PLAN/COVERAGE DESCRIPTION	2015 TOTAL MONTHLY PREMIUM	2015 FIRST 5 SUBSIDY	2015 RETIREE MONTHLY SHARE
CONTRA COSTA HEALTH PLAN - BASIC PLAN A			
Retiree on Basic Plan A	\$654.44	\$509.92	\$144.52
Retiree & 1 or more dependents on Basic Plan A	\$1,559.24	\$1,214.90	\$344.34
CONTRA COSTA HEALTH PLAN - MEDICARE COORDINATION OF BENEFITS (COB) PLAN A			
Retiree on Medicare COB Plan A	\$301.01	\$301.00	\$0.01
Retiree & 1 dependent on Medicare COB Plan A - NEW COVERAGE LEVEL	\$602.02	\$602.01	\$0.01
COMBINATION OF CONTRA COSTA HEALTH PLAN - BASIC PLAN A & MEDICARE COB PLAN A			
Retiree on Medicare COB Plan A, and, 1 or more dependents on Basic Plan A	\$963.23	\$963.22	\$0.01
Retiree & 1 dependent on Medicare COB Plan A , and, 1 or more dependents on Basic Plan A	\$903.03	\$903.02	\$0.01
Retiree on Basic Plan A, and, 1 dependent on Medicare COB Plan A	\$963.23	\$963.22	\$0.01
Retiree on Basic Plan A, and, 2 or more dependents on Medicare COB Plan A	\$903.03	\$903.02	\$0.01
Retiree & 1 dependent on Basic Plan A, and, 1 or more dependents on Medicare COB Plan A	\$963.23	\$963.22	\$0.01

CONTRA COSTA HEALTH PLAN - BASIC PLAN B			
Retiree on Basic Plan B	\$725.46	\$528.50	\$196.96
Retiree & 1 or more dependents on Basic Plan B	\$1,723.82	\$1,255.79	\$468.03
CONTRA COSTA HEALTH PLAN - MEDICARE COORDINATION OF BENEFITS (COB) PLAN B			
Retiree on Medicare COB Plan B	\$310.03	\$310.02	\$0.01
Retiree & 1 dependent on Medicare COB Plan B - NEW COVERAGE LEVEL	\$620.06	\$620.05	\$0.01
COMBINATION OF CONTRA COSTA HEALTH PLAN - BASIC PLAN B & MEDICARE COB PLAN B			
Retiree on Medicare COB Plan B, and, 1 or more dependents on Basic Plan B	\$992.10	\$992.09	\$0.01
Retiree & 1 dependent on Medicare COB Plan B , and, 1 or more dependents on Basic Plan B	\$930.09	\$930.08	\$0.01
Retiree on Basic Plan B, and, 1 dependent on Medicare COB Plan B	\$992.10	\$992.09	\$0.01
Retiree on Basic Plan B, and, 2 or more dependents on Medicare COB Plan B	\$930.09	\$930.08	\$0.01
Retiree & 1 dependent on Basic Plan B, and, 1 or more dependents on Medicare COB Plan B	\$992.10	\$992.09	\$0.01

2015 MONTHLY MEDICAL AND DENTAL PREMIUMS
**RETIREES WHO WERE EMPLOYED BY FIRST 5
AT THE TIME OF RETIREMENT**

PLAN/COVERAGE DESCRIPTION	2015 TOTAL MONTHLY PREMIUM	2015 FIRST 5 SUBSIDY	2015 RETIREE MONTHLY SHARE
KAISER PERMANENTE - BASIC PLAN A			
Retiree on Basic Plan A	\$811.33	\$478.91	\$332.42
Retiree & 1 or more dependents on Basic Plan A	\$1,891.44	\$1,115.84	\$775.60
KAISER PERMANENTE SENIOR ADVANTAGE (KPSA) PLAN A			
Retiree on KPSA Plan A	\$289.78	\$263.94	\$25.84
Retiree & 1 dependent on KPSA Plan A	\$782.57	\$712.79	\$69.78
Retiree & 2 dependents on KPSA Plan A	\$1,273.44	\$1,161.65	\$111.79
COMBINATION OF KAISER BASIC PLAN A AND KPSA PLAN A			
Retiree on KPSA Plan A, and, 1 or more dependents on Basic Plan A	\$1,369.44	\$945.58	\$423.86
Retiree & 1 or more dependents on Basic Plan A, and, 1 dependent on KSPA Plan A	\$1,304.57	\$945.58	\$358.99

KAISER PERMANENTE - BASIC PLAN B			
Retiree on Basic Plan B	\$637.55	\$478.91	\$158.64
Retiree & 1 or more dependents on Basic Plan B	\$1,485.48	\$1,115.84	\$369.64
KAISER PERMANENTE SENIOR ADVANTAGE (KPSA) PLAN B			
Retiree on KPSA Plan B	\$219.73	\$219.72	\$0.01
Retiree & 1 dependent on KPSA Plan B	\$593.27	\$593.26	\$0.01
Retiree & 2 dependents on KPSA Plan B	\$964.89	\$964.88	\$0.01
COMBINATION OF KAISER BASIC PLAN B AND KPSA PLAN B			
Retiree on KPSA Plan B, and, 1 or more dependents on Basic Plan B	\$1,067.66	\$945.58	\$122.08
Retiree & 1 or more dependents on Basic Plan B, and, 1 dependent on KSPA Plan B	\$1,011.09	\$945.58	\$65.51

2015 MONTHLY MEDICAL AND DENTAL PREMIUMS
**RETIREES WHO WERE EMPLOYED BY FIRST 5
AT THE TIME OF RETIREMENT**

PLAN/COVERAGE DESCRIPTION	2015 TOTAL MONTHLY PREMIUM	2015 FIRST 5 SUBSIDY	2015 RETIREE MONTHLY SHARE
HEALTH NET HMO PLAN - BASIC PLAN A			
Retiree on Basic Plan A	\$1,184.71	\$627.79	\$556.92
Retiree & 1 or more dependents on Basic Plan A	\$2,906.20	\$1,540.02	\$1,366.18
HEALTH NET SENIORITY PLUS (HNSP) PLAN A			
Retiree on HNSP Plan A	\$527.14	\$409.69	\$117.45
Retiree & 1 dependent on HNSP Plan A	\$1,054.28	\$819.38	\$234.90
Retiree & 2 dependent on HNSP Plan A	\$1,581.42	\$1,229.07	\$352.35
COMBINATION OF HEALTH NET BASIC PLAN A AND HEALTH NET SENIORITY PLUS PLAN A (HNSP)			
Retiree on HNSP Plan A, and, 1 dependent on Basic Plan A	\$1,711.85	\$1,068.49	\$643.36
Retiree on HNSP Plan A, and, 2 or more dependents on Basic Plan A	\$3,433.34	\$1,949.71	\$1,483.63
Retiree & 1 dependent on HNSP Plan A, and, 1 dependent on Basic Plan A	\$2,238.99	\$1,509.13	\$729.86
Retiree on Basic Plan A, and, 1 dependent on HNSP Plan A	\$1,711.85	\$1,068.49	\$643.36
Retiree & 1 or more dependents on Basic Plan A, and, 1 dependent on HNSP Plan A	\$3,433.34	\$1,949.71	\$1,483.63
HEALTH NET HMO PLAN - BASIC PLAN B			
Retiree on Basic Plan B	\$823.83	\$627.79	\$196.04
Retiree & 1 or more dependents on Basic Plan B	\$2,020.92	\$1,540.02	\$480.90
HEALTH NET SENIORITY PLUS (HNSP) PLAN B			
Retiree on HNSP Plan B	\$442.53	\$409.69	\$32.84
Retiree & 1 dependent on HNSP Plan B	\$885.06	\$819.38	\$65.68
Retiree & 2 dependent on HNSP Plan B	\$1,327.59	\$1,229.07	\$98.52
COMBINATION OF HEALTH NET BASIC PLAN B AND HEALTH NET SENIORITY PLUS PLAN B (HNSP)			
Retiree on HNSP Plan B, and, 1 dependent on Basic Plan B	\$1,276.83	\$1,068.49	\$208.34
Retiree on HNSP Plan B, and, 2 or more dependents on Basic Plan B	\$2,473.43	\$1,949.71	\$523.72
Retiree & 1 dependent on HNSP Plan B, and, 1 dependent on Basic Plan B	\$1,730.16	\$1,509.13	\$221.03
Retiree on Basic Plan B, and, 1 dependent on HNSP Plan B	\$1,276.83	\$1,068.49	\$208.34
Retiree & 1 or more dependents on Basic Plan B, and, 1 dependent on HNSP Plan B	\$2,473.43	\$1,949.71	\$523.72

2015 MONTHLY MEDICAL AND DENTAL PREMIUMS
**RETIREES WHO WERE EMPLOYED BY FIRST 5
AT THE TIME OF RETIREMENT**

PLAN/COVERAGE DESCRIPTION	2015 TOTAL MONTHLY PREMIUM	2015 FIRST 5 SUBSIDY	2015 RETIREE MONTHLY SHARE
HEALTH NET MEDICARE COORDINATION OF BENEFITS PLAN (HNCOB)			
Retiree on HNCOB Plan	\$618.70	\$467.13	\$151.57
Retiree & 1 or more dependents, 2 on HNCOB	\$1,237.40	\$934.29	\$303.11
COMBINATION OF HEALTH NET BASIC PLAN A AND HEALTH NET COORDINATION OF BENEFITS PLAN (HNCOB)			
Retiree on HNCOB, and, 1 dependents on Basic Plan A	\$1,803.41	\$1,083.16	\$720.25
Retiree on Basic Plan A, and, 1 dependent on HNCOB	\$1,803.41	\$1,083.16	\$720.25
Retiree on HNCOB, and, 2 or more dependents on HN Basic Plan A	\$3,524.90	\$2,007.15	\$1,517.75
Retiree & 1 dependent on HNCOB, and, 1 dependent on Basic Plan A	\$2,422.11	\$1,562.08	\$860.03
Retiree on Basic Plan A, and 2 dependents on HNCOB	\$2,422.11	\$1,562.08	\$860.03
COMBINATION OF HEALTH NET SENIORITY PLUS PLAN A (HNSP) AND COORDINATION OF BENEFITS (COB) PLANS			
Retiree on HNSP Plan A, and, dependent on Health Net Coordination of Benefits (COB) Plan	\$1,145.84	\$876.82	\$269.02
Retiree on Health Net Coordination of Benefits (COB) Plan, and, dependent on HNSP Plan A	\$1,145.84	\$876.82	\$269.02
COMBINATION OF HEALTH NET BASIC PLAN B AND HEALTH NET COORDINATION OF BENEFITS PLAN (HNCOB)			
Retiree on HNCOB, and, 1 dependents on Basic Plan B	\$1,442.53	\$1,083.16	\$359.37
Retiree on Basic Plan B, and, 1 dependent on HNCOB	\$1,442.53	\$1,083.16	\$359.37
Retiree on HNCOB, and, 2 or more dependents on HN Basic Plan B	\$2,639.62	\$2,007.15	\$632.47
Retiree & 1 dependent on HNCOB, and, 1 dependent on Basic Plan B	\$2,061.23	\$1,562.08	\$499.15
Retiree on Basic Plan B, and 2 dependents on HNCOB	\$2,061.23	\$1,562.08	\$499.15
COMBINATION OF HEALTH NET SENIORITY B PLUS (HNSP) AND COORDINATION OF BENEFITS (COB) PLANS			
Retiree on HNSP Plan B, and, dependent on Health Net Coordination of Benefits (COB) Plan	\$1,061.23	\$876.82	\$184.41
Retiree on Health Net Coordination of Benefits (COB) Plan, and, dependent on HNSP Plan B	\$1,061.23	\$876.82	\$184.41

2015 MONTHLY MEDICAL AND DENTAL PREMIUMS

**RETIREES WHO WERE EMPLOYED BY FIRST 5
AT THE TIME OF RETIREMENT**

PLAN/COVERAGE DESCRIPTION	2015 TOTAL MONTHLY PREMIUM	2015 FIRST 5 SUBSIDY	2015 RETIREE MONTHLY SHARE
HEALTH NET CA & NAT'L PPO PLAN - BASIC PLAN A			
Retiree on PPO Basic Plan A	\$1,520.06	\$604.60	\$915.46
Retiree & 1 or more dependents on PPO Basic Plan A	\$3,611.02	\$1,436.25	\$2,174.77
HEALTH NET CA & NAT'L PPO PLAN A WITH MEDICARE PARTS A & B			
Retiree on PPO Medicare Plan A	\$956.57	\$563.17	\$393.40
Retiree & 1 or more dependents on PPO Medicare Plan A	\$1,913.13	\$1,126.24	\$786.89
COMBINATION OF HEALTH NET CA & NAT'L PPO PLAN A - BASIC PLAN & PPO MEDICARE PLAN A			
Retiree on PPO Medicare Plan A, and, 1 dependent on PPO Basic Plan A	\$2,476.63	\$1,167.77	\$1,308.86
Retiree on PPO Basic Plan A, and, 1 dependent on PPO Medicare Plan A	\$2,476.63	\$1,167.77	\$1,308.86
Retiree & 1 dependent on PPO Medicare Plan A, and, 1 dependent on PPO Basic Plan A	\$3,433.19	\$1,730.84	\$1,702.35
Retiree on PPO Basic Plan A, and, 2 dependents on PPO Medicare Plan A	\$3,433.19	\$1,730.84	\$1,702.35

HEALTH NET CA & NAT'L PPO PLAN - BASIC PLAN B			
Retiree on PPO Basic Plan B	\$1,368.43	\$604.60	\$763.83
Retiree & 1 or more dependents on PPO Basic Plan B	\$3,250.79	\$1,436.25	\$1,814.54
HEALTH NET CA & NAT'L PPO PLAN B WITH MEDICARE PARTS A & B			
Retiree on PPO Medicare Plan B	\$868.78	\$563.17	\$305.61
Retiree & 1 or more dependents on PPO Medicare Plan B	\$1,737.56	\$1,126.24	\$611.32
COMBINATION OF HEALTH NET CA & NAT'L PPO PLAN B - BASIC PLAN B & PPO MEDICARE PLAN B			
Retiree on PPO Medicare Plan B, and, 1 dependent on PPO Basic Plan B	\$2,227.53	\$1,167.77	\$1,059.76
Retiree on PPO Basic Plan B, and, 1 dependent on PPO Medicare Plan B	\$2,227.53	\$1,167.77	\$1,059.76
Retiree & 1 dependent on PPO Medicare Plan B, and, 1 dependent on PPO Basic Plan B	\$3,105.99	\$1,730.84	\$1,375.15
Retiree on PPO Basic Plan B, and, 2 dependents on PPO Medicare Plan B	\$3,105.99	\$1,730.84	\$1,375.15

2015 MONTHLY MEDICAL AND DENTAL PREMIUMS**RETIREES WHO WERE EMPLOYED BY FIRST 5
AT THE TIME OF RETIREMENT**

PLAN/COVERAGE DESCRIPTION		2015 TOTAL MONTHLY PREMIUM	2015 FIRST 5 SUBSIDY	2015 RETIREE MONTHLY SHARE
DELTA DENTAL PREMIER - \$1,800 ANNUAL MAXIMUM				
For CCHP Plans	Retiree	\$44.27	\$41.17	\$3.10
	Family	\$100.00	\$93.00	\$7.00
For Health Net Plans	Retiree	\$44.27	\$34.02	\$10.25
	Family	\$100.00	\$76.77	\$23.23
For Kaiser Permanente Plans	Retiree	\$44.27	\$34.02	\$10.25
	Family	\$100.00	\$76.77	\$23.23
Without a Health Plan	Retiree	\$44.27	\$43.35	\$0.92
	Family	\$100.00	\$97.81	\$2.19

DELTA CARE (PMI)				
For CCHP Plans	Retiree	\$29.06	\$25.41	\$3.65
	Family	\$62.81	\$54.91	\$7.90
For Health Net Plans	Retiree	\$29.06	\$21.31	\$7.75
	Family	\$62.81	\$46.05	\$16.76
For Kaiser Permanente Plans	Retiree	\$29.06	\$21.31	\$7.75
	Family	\$62.81	\$46.05	\$16.76
Without a Health Plan	Retiree	\$29.06	\$27.31	\$1.75
	Family	\$62.81	\$59.03	\$3.78

2015 MONTHLY MEDICAL AND DENTAL PREMIUMS
**SURVIVORS OF RETIREES WHO WERE EMPLOYED BY FIRST 5
AT THE TIME OF RETIREMENT**

PLAN/COVERAGE DESCRIPTION	2015 TOTAL MONTHLY PREMIUM	MONTHLY ADMIN FEE	2015 SURVIVOR MONTHLY SHARE
CONTRA COSTA HEALTH PLAN - BASIC PLAN A			
Survivor on Basic Plan A	\$654.44	\$3.22	\$657.66
Survivor & 1 or more dependents on Basic Plan A	\$1,559.24	\$3.22	\$1,562.46
CONTRA COSTA HEALTH PLAN - MEDICARE COORDINATION OF BENEFITS (COB) PLAN A			
Survivor on Medicare COB Plan A	\$301.01	\$3.22	\$304.23
Survivor & 1 dependent on Medicare COB Plan A - NEW COVERAGE LEVEL	\$602.02	\$3.22	\$605.24
COMBINATION OF CONTRA COSTA HEALTH PLAN - BASIC PLAN A & MEDICARE COB PLAN A			
Survivor on Medicare COB Plan A, and, 1 or more dependents on Basic Plan A	\$963.23	\$3.22	\$966.45
Survivor & 1 dependent on Medicare COB Plan A, and, 1 or more dependents on Basic Plan A	\$903.03	\$3.22	\$906.25
Survivor on Basic Plan A, and, 1 dependent on Medicare COB Plan A	\$963.23	\$3.22	\$966.45
Survivor on Basic Plan A, and, 2 or more dependents on Medicare COB Plan A	\$903.03	\$3.22	\$906.25
Survivor & 1 dependent on Basic Plan A, and, 1 or more dependents on Medicare COB Plan A	\$963.23	\$3.22	\$966.45
CONTRA COSTA HEALTH PLAN - BASIC PLAN B			
Survivor on Basic Plan B	\$725.46	\$3.22	\$728.68
Survivor & 1 or more dependents on Basic Plan B	\$1,723.82	\$3.22	\$1,727.04
CONTRA COSTA HEALTH PLAN - MEDICARE COORDINATION OF BENEFITS (COB) PLAN B			
Survivor on Medicare COB Plan B	\$310.03	\$3.22	\$313.25
Survivor & 1 dependent on Medicare COB Plan B - NEW COVERAGE LEVEL	\$620.06	\$3.22	\$623.28
COMBINATION OF CONTRA COSTA HEALTH PLAN - BASIC PLAN B & MEDICARE COB PLAN B			
Survivor on Medicare COB Plan B, and, 1 or more dependents on Basic Plan B	\$992.10	\$3.22	\$995.32
Survivor & 1 dependent on Medicare COB Plan B, and, 1 or more dependents on Basic Plan B	\$930.09	\$3.22	\$933.31
Survivor on Basic Plan B, and, 1 dependent on Medicare COB Plan B	\$992.10	\$3.22	\$995.32
Survivor on Basic Plan B, and, 2 or more dependents on Medicare COB Plan B	\$930.09	\$3.22	\$933.31
Survivor & 1 dependent on Basic Plan B, and, 1 or more dependents on Medicare COB Plan B	\$992.10	\$3.22	\$995.32

2015 MONTHLY MEDICAL AND DENTAL PREMIUMS
**SURVIVORS OF RETIREES WHO WERE EMPLOYED BY FIRST 5
AT THE TIME OF RETIREMENT**

PLAN/COVERAGE DESCRIPTION	2015 TOTAL MONTHLY PREMIUM	MONTHLY ADMIN FEE	2015 SURVIVOR MONTHLY SHARE
KAISER PERMANENTE - BASIC PLAN A			
Survivor on Basic Plan A	\$811.33	\$3.22	\$814.55
Survivor & 1 or more dependents on Basic Plan A	\$1,891.44	\$3.22	\$1,894.66
KAISER PERMANENTE SENIOR ADVANTAGE (KPSA) PLAN A			
Survivor on KPSA Plan A	\$289.78	\$3.22	\$293.00
Survivor & 1 dependent on KPSA Plan A	\$782.57	\$3.22	\$785.79
Survivor & 2 dependents on KPSA Plan A	\$1,273.44	\$3.22	\$1,276.66
COMBINATION OF KAISER BASIC PLAN A AND KPSA PLAN A			
Survivor on KPSA Plan A, and, 1 or more dependents on Basic Plan A	\$1,369.44	\$3.22	\$1,372.66
Survivor & 1 or more dependents on Basic Plan A, and, 1 dependent on KPSA Plan A	\$1,304.57	\$3.22	\$1,307.79

KAISER PERMANENTE - BASIC PLAN B			
Survivor on Basic Plan B	\$637.55	\$3.22	\$640.77
Survivor & 1 or more dependents on Basic Plan B	\$1,485.48	\$3.22	\$1,488.70
KAISER PERMANENTE SENIOR ADVANTAGE (KPSA) PLAN B			
Survivor on KPSA Plan B	\$219.73	\$3.22	\$222.95
Survivor & 1 dependent on KPSA Plan B	\$593.27	\$3.22	\$596.49
Survivor & 2 dependents on KPSA Plan B	\$964.89	\$3.22	\$968.11
COMBINATION OF KAISER BASIC PLAN B AND KPSA PLAN B			
Survivor on KPSA Plan B, and, 1 or more dependents on Basic Plan B	\$1,067.66	\$3.22	\$1,070.88
Survivor & 1 or more dependents on Basic Plan B, and, 1 dependent on KPSA Plan B	\$1,011.09	\$3.22	\$1,014.31

2015 MONTHLY MEDICAL AND DENTAL PREMIUMS
**SURVIVORS OF RETIREES WHO WERE EMPLOYED BY FIRST 5
AT THE TIME OF RETIREMENT**

PLAN/COVERAGE DESCRIPTION	2015 TOTAL MONTHLY PREMIUM	MONTHLY ADMIN FEE	2015 SURVIVOR MONTHLY SHARE
HEALTH NET HMO PLAN - BASIC PLAN A			
Survivor on Basic Plan A	\$1,184.71	\$3.22	\$1,187.93
Survivor & 1 or more dependents on Basic Plan A	\$2,906.20	\$3.22	\$2,909.42
HEALTH NET SENIORITY PLUS (HNSP) PLAN A			
Survivor on HNSP Plan A	\$527.14	\$3.22	\$530.36
Survivor & 1 dependent on HNSP Plan A	\$1,054.28	\$3.22	\$1,057.50
Survivor & 2 dependent on HNSP Plan A	\$1,581.42	\$3.22	\$1,584.64
COMBINATION OF HEALTH NET BASIC PLAN A AND HEALTH NET SENIORITY PLUS PLAN A (HNSP)			
Survivor on HNSP Plan A, and, 1 dependent on Basic Plan A	\$1,711.85	\$3.22	\$1,715.07
Survivor on HNSP Plan A, and, 2 or more dependents on Basic Plan A	\$3,433.34	\$3.22	\$3,436.56
Survivor & 1 dependent on HNSP Plan A, and, 1 dependent on Basic Plan A	\$2,238.99	\$3.22	\$2,242.21
Survivor on Basic Plan A, and, 1 dependent on HNSP Plan A	\$1,711.85	\$3.22	\$1,715.07
Survivor & 1 or more dependents on Basic Plan A, and, 1 dependent on HNSP Plan A	\$3,433.34	\$3.22	\$3,436.56
HEALTH NET HMO PLAN - BASIC PLAN B			
Survivor on Basic Plan B	\$823.83	\$3.22	\$827.05
Survivor & 1 or more dependents on Basic Plan A	\$2,020.92	\$3.22	\$2,024.14
HEALTH NET SENIORITY PLUS (HNSP) PLAN B			
Survivor on HNSP Plan B	\$442.53	\$3.22	\$445.75
Survivor & 1 dependent on HNSP Plan B	\$885.06	\$3.22	\$888.28
Survivor & 2 dependent on HNSP Plan B	\$1,327.59	\$3.22	\$1,330.81
COMBINATION OF HEALTH NET BASIC PLAN B AND HEALTH NET SENIORITY PLUS PLAN B (HNSP)			
Survivor on HNSP Plan B, and, 1 dependent on Basic Plan B	\$1,276.83	\$3.22	\$1,280.05
Survivor on HNSP Plan B, and, 2 or more dependents on Basic Plan B	\$2,473.43	\$3.22	\$2,476.65
Survivor & 1 dependent on HNSP Plan B, and, 1 dependent on Basic Plan B	\$1,730.16	\$3.22	\$1,733.38
Survivor on Basic Plan B, and, 1 dependent on HNSP Plan B	\$1,276.83	\$3.22	\$1,280.05
Survivor & 1 or more dependents on Basic Plan A, and, 1 dependent on HNSP Plan A	\$2,473.43	\$3.22	\$2,476.65

2015 MONTHLY MEDICAL AND DENTAL PREMIUMS
**SURVIVORS OF RETIREES WHO WERE EMPLOYED BY FIRST 5
AT THE TIME OF RETIREMENT**

PLAN/COVERAGE DESCRIPTION	2015 TOTAL MONTHLY PREMIUM	MONTHLY ADMIN FEE	2015 SURVIVOR MONTHLY SHARE
HEALTH NET MEDICARE COORDINATION OF BENEFITS PLAN (HNCOB)			
Survivor on HNCOB Plan	\$618.70	\$3.22	\$621.92
Survivor & 1 or more dependents, 2 on HNCOB	\$1,237.40	\$3.22	\$1,240.62
COMBINATION OF HEALTH NET BASIC PLAN A AND HEALTH NET COORDINATION OF BENEFITS PLAN (HNCOB)			
Survivor on HNCOB, and, 1 dependents on Basic Plan A	\$1,803.41	\$3.22	\$1,806.63
Survivor on Basic Plan A, and, 1 dependent on HNCOB	\$1,803.41	\$3.22	\$1,806.63
Survivor on HNCOB, and, 2 or more dependents on HN Basic Plan A	\$3,524.90	\$3.22	\$3,528.12
Survivor & 1 dependent on HNCOB, and, 1 dependent on Basic Plan A	\$2,422.11	\$3.22	\$2,425.33
Survivor on Basic Plan A, and 2 dependents on HNCOB	\$2,422.11	\$3.22	\$2,425.33
COMBINATION OF HEALTH NET SENIORITY PLUS PLAN A (HNSP) AND COORDINATION OF BENEFITS (COB) PLANS			
Survivor on HNSP Plan A, and, dependent on Health Net Coordination of Benefits (COB) Plan	\$1,145.84	\$3.22	\$1,149.06
Survivor on Health Net Coordination of Benefits (COB) Plan, and, dependent on HNSP Plan A	\$1,145.84	\$3.22	\$1,149.06
COMBINATION OF HEALTH NET BASIC PLAN B AND HEALTH NET COORDINATION OF BENEFITS PLAN (HNCOB)			
Survivor on HNCOB, and, 1 dependents on Basic Plan B	\$1,442.53	\$3.22	\$1,445.75
Survivor on Basic Plan B, and, 1 dependent on HNCOB	\$1,442.53	\$3.22	\$1,445.75
Survivor on HNCOB, and, 2 or more dependents on HN Basic Plan B	\$2,639.62	\$3.22	\$2,642.84
Survivor & 1 dependent on HNCOB, and, 1 dependent on Basic Plan B	\$2,061.23	\$3.22	\$2,064.45
Survivor on Basic Plan B, and 2 dependents on HNCOB	\$2,061.23	\$3.22	\$2,064.45
COMBINATION OF HEALTH NET SENIORITY B PLUS (HNSP) AND COORDINATION OF BENEFITS (COB) PLANS			
Survivor on HNSP Plan B, and, dependent on Health Net Coordination of Benefits (COB) Plan	\$1,061.23	\$3.22	\$1,064.45
Survivor on Health Net Coordination of Benefits (COB) Plan, and, dependent on HNSP Plan B	\$1,061.23	\$3.22	\$1,064.45

2015 MONTHLY MEDICAL AND DENTAL PREMIUMS
**SURVIVORS OF RETIREES WHO WERE EMPLOYED BY FIRST 5
AT THE TIME OF RETIREMENT**

PLAN/COVERAGE DESCRIPTION	2015 TOTAL MONTHLY PREMIUM	MONTHLY ADMIN FEE	2015 SURVIVOR MONTHLY SHARE
HEALTH NET CA & NAT'L PPO PLAN - BASIC PLAN A			
Survivor on PPO Basic Plan A	\$1,520.06	\$3.22	\$1,523.28
Survivor & 1 or more dependents on PPO Basic Plan A	\$3,611.02	\$3.22	\$3,614.24
HEALTH NET CA & NAT'L PPO PLAN A WITH MEDICARE PARTS A & B			
Survivor on PPO Medicare Plan A	\$956.57	\$3.22	\$959.79
Survivor & 1 or more dependents on PPO Medicare Plan A	\$1,913.13	\$3.22	\$1,916.35
COMBINATION OF HEALTH NET CA & NAT'L PPO PLAN A - BASIC PLAN & PPO MEDICARE PLAN A			
Survivor on PPO Medicare Plan A, and, 1 dependent on PPO Basic Plan A	\$2,476.63	\$3.22	\$2,479.85
Survivor on PPO Basic Plan A, and, 1 dependent on PPO Medicare Plan A	\$2,476.63	\$3.22	\$2,479.85
Survivor & 1 dependent on PPO Medicare Plan A, and, 1 dependent on PPO Basic Plan A	\$3,433.19	\$3.22	\$3,436.41
Survivor on PPO Basic Plan A, and, 2 dependents on PPO Medicare Plan A	\$3,433.19	\$3.22	\$3,436.41
HEALTH NET CA & NAT'L PPO PLAN - BASIC PLAN B			
Survivor on PPO Basic Plan B	\$1,368.43	\$3.22	\$1,371.65
Survivor & 1 or more dependents on PPO Basic Plan B	\$3,250.79	\$3.22	\$3,254.01
HEALTH NET CA & NAT'L PPO PLAN B WITH MEDICARE PARTS A & B			
Survivor on PPO Medicare Plan B	\$868.78	\$3.22	\$872.00
Survivor & 1 or more dependents on PPO Medicare Plan B	\$1,737.56	\$3.22	\$1,740.78
COMBINATION OF HEALTH NET CA & NAT'L PPO PLAN B - BASIC PLAN B & PPO MEDICARE PLAN B			
Survivor on PPO Medicare Plan B, and, 1 dependent on PPO Basic Plan B	\$2,227.53	\$3.22	\$2,230.75
Survivor on PPO Basic Plan B, and, 1 dependent on PPO Medicare Plan B	\$2,227.53	\$3.22	\$2,230.75
Survivor & 1 dependent on PPO Medicare Plan B, and, 1 dependent on PPO Basic Plan B	\$3,105.99	\$3.22	\$3,109.21
Survivor on PPO Basic Plan B, and, 2 dependents on PPO Medicare Plan B	\$3,105.99	\$3.22	\$3,109.21

2015 MONTHLY MEDICAL AND DENTAL PREMIUMS
**SURVIVORS OF RETIREES WHO WERE EMPLOYED BY FIRST 5
AT THE TIME OF RETIREMENT**

PLAN/COVERAGE DESCRIPTION		2015 TOTAL MONTHLY PREMIUM	MONTHLY ADMIN FEE	2015 SURVIVOR MONTHLY SHARE
DELTA DENTAL PREMIER - \$1,800 ANNUAL MAXIMUM				
For CCHP Plans	Survivor	\$44.27	\$0.00	\$44.27
	Family	\$100.00	\$0.00	\$100.00
For Health Net Plans	Survivor	\$44.27	\$0.00	\$44.27
	Family	\$100.00	\$0.00	\$100.00
For Kaiser Permanente Plans	Survivor	\$44.27	\$0.00	\$44.27
	Family	\$100.00	\$0.00	\$100.00
Without a Health Plan	Survivor	\$44.27	\$3.22	\$47.49
	Family	\$100.00	\$3.22	\$103.22

DELTA CARE (PMI)				
For CCHP Plans	Survivor	\$29.06	\$0.00	\$29.06
	Family	\$62.81	\$0.00	\$62.81
For Health Net Plans	Survivor	\$29.06	\$0.00	\$29.06
	Family	\$62.81	\$0.00	\$62.81
For Kaiser Permanente Plans	Survivor	\$29.06	\$0.00	\$29.06
	Family	\$62.81	\$0.00	\$62.81
Without a Health Plan	Survivor	\$29.06	\$3.22	\$32.28
	Family	\$62.81	\$3.22	\$66.03

COBRA PARTICIPANTS

PLAN/COVERAGE DESCRIPTION		2015 TOTAL MONTHLY PREMIUM	MONTHLY ADMIN FEE	PARTICIPANT MONTHLY SHARE
CONTRA COSTA HEALTH PLAN - BASIC PLAN A				
Employee on Basic Plan		\$654.44	\$13.09	\$667.53
Employee & 1 or more dependents on Basic Plan		\$1,559.24	\$31.19	\$1,590.43
CONTRA COSTA HEALTH PLAN - BASIC PLAN B				
Employee on Basic Plan		\$725.46	\$14.51	\$739.97
Employee & 1 or more dependents on Basic Plan		\$1,723.82	\$34.48	\$1,758.30
KAISER PERMANENTE - BASIC PLAN A				
Employee on Basic Plan		\$811.33	\$16.23	\$827.56
Employee & 1 or more dependents on Basic Plan		\$1,891.44	\$37.83	\$1,929.27
KAISER PERMANENTE - BASIC PLAN B				
Employee on Basic Plan		\$637.55	\$12.76	\$650.31
Employee & 1 or more dependents on Basic Plan		\$1,485.48	\$29.71	\$1,515.19
HEALTH NET HMO PLAN - BASIC PLAN A				
Employee on Basic Plan		\$1,184.71	\$23.70	\$1,208.41
Employee & 1 or more dependents on Basic Plan		\$2,906.20	\$58.13	\$2,964.33
HEALTH NET HMO PLAN - BASIC PLAN B				
Employee on Basic Plan		\$823.83	\$16.48	\$840.31
Employee & 1 or more dependents on Basic Plan		\$2,020.92	\$40.42	\$2,061.34
HEALTH NET CA & NAT'L PPO PLAN - BASIC PLAN A				
Employee on PPO Basic Plan		\$1,520.06	\$30.41	\$1,550.47
Employee & 1 or more dependents on PPO Basic Plan		\$3,611.02	\$72.23	\$3,683.25
HEALTH NET CA & NAT'L PPO PLAN - BASIC PLAN B				
Employee on PPO Basic Plan		\$1,368.43	\$27.37	\$1,395.80
Employee & 1 or more dependents on PPO Basic Plan		\$3,250.79	\$65.02	\$3,315.81
DELTA DENTAL PREMIER - \$1,800 Annual Maximum				
For CCHP Plans	Employee	\$44.27	\$0.89	\$45.16
	Family	\$100.00	\$2.00	\$102.00
For Health Net Plans	Employee	\$44.27	\$0.89	\$45.16
	Family	\$100.00	\$2.00	\$102.00
For Kaiser Permanente Plans	Employee	\$44.27	\$0.89	\$45.16
	Family	\$100.00	\$2.00	\$102.00
Without a Health Plan	Employee	\$44.27	\$0.89	\$45.16
	Family	\$100.00	\$2.00	\$102.00
DELTA CARE (PMI)				
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



Monday September 8, 2014

Agenda Item 8.0

Consider accepting the final financial report for fiscal year 2013-2014.

FY 13/14 Financial Report - 4th Quarter

Line #		FY13/14 Revised Budget			FY13/14 Revenue and Expense (unaudited)			Notes
		F5 Contra Costa Funds	Other Funds	Total Budget	F5 Contra Costa Funds	Other Funds	Total Revenue and Expense	
	REVENUE							
1	Prop 10 - Tax Apportionment	8,248,465		8,248,465	8,353,104		8,353,104	101.3%
2	CAF5 - CARES Plus		300,000	300,000		263,569	263,569	87.9%
3	Race to the Top		529,332	529,332		364,436	364,436	68.8%
4	Thomas J. Long Foundation		1,267,200	1,267,200		1,267,200	1,267,200	100.0%
5	Interest Income	120,000		120,000	103,465		103,465	86.2%
6	MHSA Grant		75,000	75,000		75,000	75,000	100.0%
7	Other misc income		13,050	13,050	368,782	41,300	410,082	3142.4%
8	Fund Balance	5,024,053	475,995	5,500,048	2,705,440	266,164	2,971,604	54.0%
	TOTAL REVENUE	13,392,518	2,660,577	16,053,095	11,530,791	2,277,669	13,808,460	86.0%

Line #	PROGRAM EXPENSES							
	Initiatives	9,054,355	2,660,577	11,714,932	7,674,843	2,277,669	9,952,512	85.0%
9	Early Care and Education Initiative							
10	Professional Development	879,654	300,000	1,179,654	859,831	263,569	1,123,400	95.2%
11	Early Learning Quality	275,495	2,272,527	2,548,022	71,141	1,900,957	1,972,098	77.4%
12	Literacy	254,000		254,000	186,909		186,909	73.6%
13	Total	1,409,149	2,572,527	3,981,676	1,117,881	2,164,526	3,282,407	82.4%
14	Family Support							
15	First 5 Centers	2,307,457	6,050	2,313,507	2,193,399	6,050	2,199,449	95.1%
16	Home Visiting	1,397,306		1,397,306	1,248,824		1,248,824	89.4%
17	Training and support	61,700		61,700	55,430		55,430	89.8%
18	Total	3,766,463	6,050	3,772,513	3,497,653	6,050	3,503,703	92.9%
19	Early Intervention							
20	Therapeutic Services	834,638	75,000	909,638	374,257	75,000	449,257	49.4%
21	ECE Consultation	973,703		973,703	951,828		951,828	97.8%
22	Children's Developmental Needs	598,228		598,228	495,073		495,073	82.8%
23	Children Experiencing Stress/Trauma	780,088		780,088	614,167		614,167	78.7%
24	Training and Consultation	25,000		25,000	23,329		23,329	93.3%
24	Total	3,211,657	75,000	3,286,657	2,458,654	75,000	2,533,654	77.1%
25	Community Information and Education							
26	Public Information	517,086	7,000	524,086	466,016	20,506	486,522	92.8%
27	Community Engagement	140,000		140,000	134,512	11,587	146,099	104.4%
28	Family Economic Stability	10,000		10,000	127		127	1.3%
28	Total	667,086	7,000	674,086	600,655	32,093	632,748	93.9%
29	Program Expenses							
30	Program Salaries & Wages	1,117,811		1,117,811	1,118,235		1,118,235	100.0%
31	Program Employee Benefits	735,637		735,637	605,174		605,174	82.3%
32	Office Overhead and Other Expenses	262,366		262,366	207,707		207,707	79.2%
32	Total	2,115,814		2,115,814	1,931,116		1,931,116	91.3%
33	TOTAL PROGRAM EXPENSES	11,170,169	2,660,577	13,830,746	9,605,959	2,277,669	11,883,628	85.9%

	EVALUATION EXPENSES							
34	Evaluation Salaries & Wages	331,217		331,217	323,527		323,527	97.7%
35	Evaluation Employee Benefits	214,559		214,559	174,300		174,300	81.2%
36	Professional Services	317,334		317,334	311,107		311,107	98.0%
37	Office Overhead and Other Expenses	46,019		46,019	44,479		44,479	96.7%
38	TOTAL EVALUATION EXPENSES	909,129		909,129	853,413		853,413	93.9%

Line #	ADMINISTRATIVE EXPENSES							
39	Administrative Salaries & Wages	532,961		532,961	516,008		516,008	96.8%
40	Administrative Employee Benefits	347,905		347,905	294,103		294,103	84.5%
41	Professional Services	135,500		135,500	57,519		57,519	42.4%
42	Purchased Services, Equipment lease, supp	202,142		202,142	126,038		126,038	62.4%
42	Office Overhead	94,712		94,712	77,751		77,751	82.1%
43	TOTAL ADMINISTRATIVE EXPENSES	1,313,220		1,313,220	1,071,419		1,071,419	81.6%
44	TOTAL Expenses	13,392,518	2,660,577	16,053,095	11,530,791	2,277,669	13,808,460	86.0%

Distribution of expenses by department:	Program	86.1%
	Evaluation	6.2%
	Administrative	7.8%
	Total	100.0%

NOTES:

- CARES funds childcare provider professional development stipends; unspent funds roll forward
- Race to the Top unspent funds will roll forward into next FY. Grant ends December 2015
- Thomas J. Long Fdn funds preschool scholarships; includes prior yr unspent funds
- Includes \$364,541 refund from CC Health Services for prior year contract overcharge
- Raising A Reader transition year to external contract
- CC Mental Health Services contract was underspent
- First year of CC Behavioral Health Services Next Steps contract; underspent by \$155,000
- Additional funding of \$11,587 received for East County Planning School for Regional Group members
- Benefits less than budgeted due to prepayment of retirement and OPEB, and lower medical rate increases than anticipated
- Administrative savings include: the computer upgrade completed underbudget, few needs for administrative professional services, and budget savings in office supplies, equipment and printing

Fund Balance as of 6/30/2014 (unaudited):	
Nonspendable	390,013
Prepays and Deposits	69,013
Loans Receivable	321,000
Restricted	223,107
Long Foundation	223,107
Committed	841,227
Capital Assets	841,227
Assigned	6,599,270
Elimination of FY14/15 Budget Deficit	5,628,482
Lease Commitments	970,788
Unassigned Funds	25,721,879
Contingency Fund	7,500,000
Unassigned	18,221,879
Total Fund Balance	33,775,496



Monday September 8, 2014

Agenda Item 9.0

Consider approving the nomination of Dr. William Walker as Commission Vice-Chair for the remainder of calendar year 2014.



**Staff Report
September 8, 2014**

ACTION: X
DISCUSSION:

TITLE: Consider approving the nomination of Dr. William Walker as Commission Vice-Chair for the remainder of calendar year 2014.

Background:

Vice-Chair Valerie Earley left her position as Director of Children and Family Services in May of this year. In order to fill out the Executive Committee and increase the likelihood of a quorum, Dr. William Walker has agreed to step in as Vice-Chair through the end of 2014.

Recommendation:

That the Commission approve the **nomination of Dr. William Walker as Commission Vice-Chair for the remainder of calendar year 2014**