

**COUNTY OF SHASTA
2012/13 DENTAL* & VISION PREMIUMS
(MONTHLY)**

DENTAL

DELTA DENTAL* (CONTRACTED THROUGH 12/31/13)

COVERAGE	PREMIUM (MONTHLY)	COUNTY PORTION	EMPLOYEE PORTION	EMPLOYEE PAY PERIOD	COBRA RATE
Single	\$ 45.36	\$ 26.37	\$ 18.99	\$ 9.50	\$ 46.27
2 Party	\$ 83.34	\$ 42.45	\$ 40.89	\$ 20.45	\$ 85.01
Family	\$ 128.27	\$ 54.97	\$ 73.30	\$ 36.65	\$ 130.84

LINCOLN FINANCIAL* (DSA ONLY) CONTRACTED THROUGH 10/31/12

COVERAGE	PREMIUM	COUNTY PORTION	EMPLOYEE PORTION	EMPLOYEE PAY PERIOD	COBRA RATE
Single	\$ 51.00	\$ 21.42	\$ 29.58	\$ 14.79	\$ 52.02
Family	\$ 144.81	\$ 49.97	\$ 94.84	\$ 47.42	\$ 147.71

*Any employee with less than six months with Shasta County pays the full premium.

VSP VISION

(Never refunded after cancellation.)
EFFECTIVE 1/01/07-12/31/12

(per pay period)	PREMIUM	COUNTY PORTION	EMPLOYEE PORTION		COBRA RATE
Single	\$ 5.34	\$ 5.34	\$ -		\$11.80/mo
Family	\$ 10.08	\$ 5.34	\$ 4.74		\$22.72/mo

REQUIREMENTS FOR KEEPING STUDENTS ON AFTER AGE 19:

For Delta Dental it says, "Your unmarried dependent children until their 23rd birthday if enrolled full-time in an accredited school, college or university."

For VSP Vision, it says dependent, "who is chiefly dependent upon the Enrollee for support, has not yet attained the age of 23 years, and is currently enrolled as a full-time student in good standing actively pursuing a degree or certificate at a recognized educational institution."

*****Age 26 for dependents does not apply to dental and vision plans, like it does for medical.**

If you drop coverage for your dependents from your dental plan, you may only reenroll them with proof of losing other coverage.

REV 7/12/2012