

2014

**COUNTY OF SHASTA
MEDICAL/DENTAL/VISION PREMIUM RATES
DSA-DSS/DAI 2013-2016 MOU**

CALPERS MEDICAL

PLAN COVERAGE	2014 MONTHLY PREMIUM
PERSCHOICE	
Single	\$ 641.08
2 Party	\$ 1,282.16
Family	\$ 1,666.81
PERS SELECT	
Single	\$ 613.99
2 Party	\$ 1,227.98
Family	\$ 1,596.37
PERS CARE	
Single	\$ 668.27
2 Party	\$ 1,336.54
Family	\$ 1,737.50
PORAC (Safety Only)	
Single	\$ 634.00
2 Party	\$ 1,186.00
Family	\$ 1,507.00

REGULAR EMPLOYEE

MONTHLY COUNTY PORTION	MONTHLY EMPLOYEE PORTION	PAY PERIOD EMPLOYEE PORTION
PERSCHOICE		
\$ 544.92	\$ 96.16	\$ 48.08
\$ 833.40	\$ 448.76	\$ 224.38
\$ 1,083.43	\$ 583.38	\$ 291.69
PERS SELECT		
\$ 544.92	\$ 69.07	\$ 34.54
\$ 833.40	\$ 394.58	\$ 197.29
\$ 1,083.43	\$ 512.94	\$ 256.47
PERS CARE		
\$ 544.92	\$ 123.35	\$ 61.68
\$ 833.40	\$ 503.14	\$ 251.57
\$ 1,083.43	\$ 654.07	\$ 327.04
PORAC (Safety Only)		
\$ 544.92	\$ 89.08	\$ 44.54
\$ 833.40	\$ 352.60	\$ 176.30
\$ 1,083.43	\$ 423.57	\$ 211.79

COBRA MONTHLY PREMIUM	SA* PER PAY PERIOD PER SPOUSE PORTION
PERSCHOICE	
\$ 653.90	n/a
\$ 1,307.80	\$ 48.08
\$ 1,700.15	\$ 9.62
PERS SELECT	
\$ 626.27	n/a
\$ 1,252.54	\$ 34.54
\$ 1,628.30	\$ -
PERS CARE	
\$ 681.64	n/a
\$ 1,363.27	\$ 61.68
\$ 1,772.25	\$ 27.29
PORAC (Safety Only)	
\$ 646.68	n/a
\$ 1,209.72	\$ 24.04
\$ 1,537.14	\$ -

* Spousal Accomodation - see MOU for details.

- CalPERS Medical - Dependent children may remain on your medical insurance until the age of 26.

LINCOLN FINANCIAL (DSA-DSS/DAI ONLY)**

CONTRACTED THROUGH 10/31/1x

COVERAGE	MONTHLY PREMIUM	COUNTY PORTION	EMPLOYEE PORTION	EMPLOYEE PAY PERIOD	COBRA PREMIUM
Single	\$ 56.21	\$ 21.42	\$ 34.79	\$ 17.40	\$ 57.33
Family	\$ 159.60	\$ 49.97	\$ 109.63	\$ 54.82	\$ 162.79

- New regular employees that choose to enroll in dental are required to pay the full premium for the first 6 months of employment.
- If an employee does not enroll at hire, they may only enroll during open enrollment or as a result of a qualifying event. At that time, if they have not yet worked 6 months they will be required to pay the full premium for the remaining months until they have worked 6 months.
- Delta Dental - Unmarried dependent children over the age of 19 may remain on your dental insurance until their 23rd birthday if they are enrolled full-time in an accredited school, college or university.
- If you drop coverage for your dependents from your dental plan you may only re-enroll them with proof of losing other coverage.

VSP VISION**

EFFECTIVE 1/01/07-12/31/14

COVERAGE	PREMIUM PAY PERIOD	COUNTY PAY PERIOD	EMPLOYEE PAY PERIOD	COBRA RATE MONTHLY
Single	\$ 5.34	\$ 5.34	\$ -	\$11.80/mo
Family	\$ 10.08	\$ 5.34	\$ 4.74	\$22.72/mo

**Never refunded after cancellation

- VSP Vision - A child may be insured "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."