2014

COUNTY OF SHASTA
MEDICAL/DENTAL/VISION PREMIUM RATES
UNREPRESENTED MANAGEMENT

CALPERS MEDICAL

PLAN COVERAGE	2014 MONTHLY PREMIUM	REGULAR EMPLOYEE MONTHLY COUNTY PORTION	MONTHLY EMPLOYEE PORTION	**PAY PERIOD EMPLOYEE PORTION**	**COBRA** MONTHLY PREMIUM	**SA*** PER PAY PERIOD PER SPOUSE PORTION
PERSCHOICE						
Single	$ 641.08	$ 641.08	$ -	**$ -**	$ 653.90	n/a
2 Party	$ 1,282.16	$ 748.99	$ 533.17	**$ 266.59**	$ 1,307.80	$ -
Family	$ 1,666.81	$ 949.98	$ 716.83	**$ 358.42**	$ 1,700.15	$ 18.94
PERS SELECT						
Single	$ 613.99	$ 613.99	$ -	**$ -**	$ 626.27	n/a
2 Party	$ 1,227.98	$ 748.99	$ 478.99	**$ 239.50**	$ 1,252.54	$ -
Family	$ 1,596.37	$ 949.98	$ 646.39	**$ 323.20**	$ 1,628.30	$ 1.33
PERS CARE						
Single	$ 668.27	$ 641.08	$ 27.19	**$ 13.60**	$ 681.64	n/a
2 Party	$ 1,336.54	$ 748.99	$ 587.55	**$ 293.78**	$ 1,363.27	$ 13.60
Family	$ 1,737.50	$ 949.98	$ 787.52	**$ 393.76**	$ 1,772.25	$ 36.61
PORAC (Safety Only)						
Single	$ 634.00	$ 634.00	$ -	**$ -**	$ 646.68	n/a
2 Party	$ 1,186.00	$ 748.99	$ 437.01	**$ 218.51**	$ 1,209.72	$ -
Family	$ 1,507.00	$ 949.98	$ 557.02	**$ 278.51**	$ 1,537.14	$ -

** Spousal Accomodation - see MOU for details.*

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

DELTA DENTAL

CONTRACTED THROUGH 12/31/14

COVERAGE	MONTHLY PREMIUM	COUNTY PORTION	EMPLOYEE PORTION	EMPLOYEE PAY PERIOD	COBRA PREMIUM
Single	$ 43.90	$ 28.14	$ 15.76	$ 7.88	$ 44.78
2 Party	$ 80.70	$ 45.67	$ 35.03	$ 17.52	$ 82.31
Family	$ 124.30	$ 59.91	$ 64.39	$ 32.20	$ 126.79

- 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."