

2014

**COUNTY OF SHASTA
PREMIUM RATES FOR MEDICAL/DENTAL/VISION
TEAMSTERS 2013-2014 MOU**

TEAMSTERS HEALTH - includes medical, dental and vision

PLAN COVERAGE	2014 MONTHLY PREMIUM	MONTHLY COUNTY PORTION	MONTHLY EMPLOYEE PORTION	PAY PERIOD EMPLOYEE PORTION
EE Only	\$583.03	\$ 546.34	\$36.69	\$18.34
EE + Spouse	\$984.17	\$ 800.00	\$184.17	\$92.08
EE + Child(ren)	\$942.17	\$ 800.00	\$142.17	\$71.08
EE + Family	\$1,298.17	\$ 1,015.23	\$282.94	\$141.47
Dental & Vision Only (waive Med/RX)	\$150.00	\$150.00	\$0.00	\$0.00

**For questions regarding Teamster Health options, please contact the Teamster Office.
Heather McFall @ 530-243-0232**

Total	Dental	Vision	Medical	07
546.34	28.14	5.34	512.86	
800.00	45.67	5.34	748.99	
800.00	45.67	5.34	748.99	
1,015.23	59.91	5.34	949.98	

Calculation from Teamsters - Heather McFall

**County of Shasta
2014 Medical Premium Rates**

TEAMSTER PLAN E W/H.S.A.	Monthly Premium Amount <small>w/ H.S.A. contribution</small>	Monthly County Share	Monthly Billed Amount <small>w/credit for H.S.A. prefund</small>	Monthly Employee Portion
EE Only	\$583.03	\$546.34	\$530.95	\$36.69
EE + Spouse	\$984.17	\$800.00	\$880.00	\$184.17
EE + Child(ren)	\$942.17	\$800.00	\$838.00	\$142.17
EE + Family	\$1,298.17	\$1,015.23	\$1,194.00	\$282.94

\$0.00	-\$52.08
\$0.00	-\$104.17
\$0.00	-\$104.17
\$0.00	-\$104.17