

2015

**COUNTY OF SHASTA
PREMIUM RATES FOR MEDICAL/DENTAL/VISION
TEAMSTERS 2015-2016 MOU**

TEAMSTERS HEALTH - includes medical, dental and vision

PLAN COVERAGE	2015 MONTHLY PREMIUM	MONTHLY COUNTY PORTION	MONTHLY EMPLOYEE PORTION	PAY PERIOD EMPLOYEE PORTION
EE Only	\$ 609.17	\$ 603.61	\$ 5.56	\$ 2.78
EE + Spouse	\$ 1,028.34	\$ 916.37	\$ 111.97	\$ 55.99
EE + Child(ren)	\$ 984.34	\$ 916.37	\$ 67.97	\$ 33.99
EE + Family	\$ 1,356.34	\$ 1,186.49	\$ 169.85	\$ 84.93
Dental & Vision Only (waive Med/RX)	\$ 150.00	\$ 150.00	\$ -	\$ -

**For questions regarding Teamsters Health options, please contact the Teamsters' office.
Heather McFall @ 530-243-0232**