

**2017**  
**COUNTY OF SHASTA**  
**MEDICAL/DENTAL/VISION PREMIUM RATES**  
**BOARD OF SUPERVISORS**

**CALPERS MEDICAL**

<b>2017</b>	
PLAN COVERAGE	MONTHLY PREMIUM
<b>PERSCHOICE</b>	
Single	\$ 820.38
2 Party	\$ 1,640.76
Family	\$ 2,132.99
<b>PERS SELECT</b>	
Single	\$ 727.45
2 Party	\$ 1,454.90
Family	\$ 1,891.37
<b>PERS CARE</b>	
Single	\$ 921.24
2 Party	\$ 1,842.48
Family	\$ 2,395.22
<b>PORAC (Safety Only)</b>	
Single	\$ 699.00
2 Party	\$ 1,467.00
Family	\$ 1,876.00

**REGULAR EMPLOYEE**

MONTHLY COUNTY PORTION	MONTHLY EMPLOYEE PORTION	PAY PERIOD EMPLOYEE PORTION
<b>PERSCHOICE</b>		
\$ 820.38	\$ -	\$ -
\$ 928.29	\$ 712.47	\$ <b>356.24</b>
\$ 1,183.08	\$ 949.92	\$ <b>474.96</b>
<b>PERS SELECT</b>		
\$ 727.45	\$ -	\$ -
\$ 928.29	\$ 526.61	\$ <b>263.31</b>
\$ 1,183.08	\$ 708.30	\$ <b>354.15</b>
<b>PERS CARE</b>		
\$ 820.38	\$ 100.86	\$ <b>50.43</b>
\$ 928.29	\$ 914.19	\$ <b>457.10</b>
\$ 1,183.08	\$ 1,212.15	\$ <b>606.07</b>
<b>PORAC (Safety Only)</b>		
\$ 699.00	\$ -	\$ -
\$ 928.29	\$ 538.71	\$ <b>269.36</b>
\$ 1,183.08	\$ 692.93	\$ <b>346.46</b>

COBRA MONTHLY PREMIUM
\$ 836.79
\$ 1,673.58
\$ 2,175.65
\$ 742.00
\$ 1,484.00
\$ 1,929.20
\$ 939.66
\$ 1,879.33
\$ 2,443.12
\$ 712.98
\$ 1,496.34
\$ 1,913.52

SA* PER PAY PERIOD PER SPOUSE PORTION
n/a
\$ -
\$ 32.38
n/a
\$ -
\$ -
n/a
\$ 50.43
\$ 97.94
n/a
\$ -
\$ -

\* Spousal Accomodation - see MOU for details.

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

**DELTA DENTAL**

COVERAGE	MONTHLY PREMIUM
Single	\$ 39.70
2 Party	\$ 73.00
Family	\$ 112.50

CONTRACTED THROUGH 12/31/17

COUNTY PORTION	EMPLOYEE PORTION	EMPLOYEE PAY PERIOD
\$ 29.54	\$ 10.16	\$ 5.08
\$ 48.17	\$ 24.83	\$ 12.42
\$ 63.81	\$ 48.69	\$ 24.35

COBRA PREMIUM
\$ 40.49
\$ 74.46
\$ 114.75

- 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\*\***

COVERAGE	MONTHLY PREMIUM
Single	\$ 11.57
Family	\$ 21.85

EFFECTIVE 1/01/15-12/31/17

COUNTY PORTION	EMPLOYEE PORTION	EMPLOYEE PAY PERIOD
\$ 11.57	\$ -	\$ -
\$ 11.57	\$ 10.28	\$ 5.14

COBRA RATE MONTHLY
\$ 11.80
\$ 22.29

\*\*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."