2017
COUNTY OF SHASTA
MEDICAL/DENTAL/VISION PREMIUM RATES
DSA CORRECTIONAL 01/01/12 thru 03/31/17 MOU

CALPERS MEDICAL

PLAN COVERAGE	2017 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	$ 820.38	$ 697.32	$ 123.06	**$ 61.53**	$ 836.79	n/a
2 Party	$ 1,640.76	$ 1,066.49	$ 574.27	**$ 287.13**	$ 1,673.58	$ 61.53
Family	$ 2,132.99	$ 1,386.44	$ 746.55	**$ 373.27**	$ 2,175.65	$ 12.31
PERS SELECT						
Single	$ 727.45	$ 697.32	$ 30.13	**$ 15.06**	$ 742.00	n/a
2 Party	$ 1,454.90	$ 1,066.49	$ 388.41	**$ 194.20**	$ 1,484.00	$ 15.06
Family	$ 1,891.37	$ 1,386.44	$ 504.93	**$ 252.46**	$ 1,929.20	$ -
PERS CARE						
Single	$ 921.24	$ 697.32	$ 223.92	**$ 111.96**	$ 939.66	n/a
2 Party	$ 1,842.48	$ 1,066.49	$ 775.99	**$ 387.99**	$ 1,879.33	$ 111.96
Family	$ 2,395.22	$ 1,386.44	$ 1,008.78	**$ 504.39**	$ 2,443.12	$ 77.86
PORAC (Safety Only)						
Single	$ 699.00	$ 697.32	$ 1.68	**$ 0.84**	$ 712.98	n/a
2 Party	$ 1,467.00	$ 1,066.49	$ 400.51	**$ 200.25**	$ 1,496.34	$ 18.09
Family	$ 1,876.00	$ 1,386.44	$ 489.56	**$ 244.78**	$ 1,913.52	$ -

** 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 12/31/17

COVERAGE	MONTHLY PREMIUM	COUNTY PORTION	EMPLOYEE PORTION	EMPLOYEE PAY PERIOD	COBRA PREMIUM
Single	$ 39.70	$ 29.54	$ 10.16	$ 5.08	$ 40.49
2 Party	$ 73.00	$ 48.17	$ 24.83	$ 12.42	$ 74.46
Family	$ 112.50	$ 63.81	$ 48.69	$ 24.35	$ 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**

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

COVERAGE	MONTHLY PREMIUM	COUNTY PORTION	EMPLOYEE PORTION	EMPLOYEE PAY PERIOD	COBRA RATE MONTHLY
Single	$ 11.57	$ 11.57	$ -	$ -	$ 11.80
Family	$ 21.85	$ 11.57	$ 10.28	$ 5.14	$ 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."