

2017
COUNTY OF SHASTA
MEDICAL/DENTAL/VISION PREMIUM RATES
UPEC GENERAL UNIT - EXPIRED CONTRACT

CALPERS MEDICAL

2017	
PLAN COVERAGE	MONTHLY PREMIUM
PERSCHOICE	
Single	\$ 820.38
2 Party	\$ 1,640.76
Family	\$ 2,132.99
PERS SELECT	
Single	\$ 727.45
2 Party	\$ 1,454.90
Family	\$ 1,891.37
PERS CARE	
Single	\$ 921.24
2 Party	\$ 1,842.48
Family	\$ 2,395.22

REGULAR EMPLOYEE

MONTHLY COUNTY PORTION	MONTHLY EMPLOYEE PORTION	PAY PERIOD EMPLOYEE PORTION
\$ 676.23	\$ 144.15	\$ 72.07
\$ 1,034.24	\$ 606.52	\$ 303.26
\$ 1,344.51	\$ 788.48	\$ 394.24
\$ 676.23	\$ 51.22	\$ 25.61
\$ 1,034.24	\$ 420.66	\$ 210.33
\$ 1,344.51	\$ 546.86	\$ 273.43
\$ 676.23	\$ 245.01	\$ 122.50
\$ 1,034.24	\$ 808.24	\$ 404.12
\$ 1,344.51	\$ 1,050.71	\$ 525.35

COBRA MONTHLY PREMIUM	SA* PER PAY PERIOD PER SPOUSE PORTION
\$ 836.79	n/a
\$ 1,673.58	\$ 72.07
\$ 2,175.65	\$ 28.06
\$ 742.00	n/a
\$ 1,484.00	\$ 25.61
\$ 1,929.20	-
\$ 939.66	n/a
\$ 1,879.33	\$ 122.50
\$ 2,443.12	\$ 93.62

* 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."