2016
COUNTY OF SHASTA
MEDICAL/DENTAL/VISION PREMIUM RATES
UPEC GENERAL UNIT 05/01/2012 thru 04/30/2016 MOU

CALPERS MEDICAL

PLAN COVERAGE	2016 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	$ 795.57	$ 676.23	$ 119.34	**$ 59.67**	$ 811.48	n/a
2 Party	$ 1,591.14	$ 1,034.24	$ 556.90	**$ 278.45**	$ 1,622.96	$ 59.67
Family	$ 2,068.48	$ 1,344.51	$ 723.97	**$ 361.98**	$ 2,109.85	$ 11.93
PERS SELECT						
Single	$ 727.47	$ 676.23	$ 51.24	**$ 25.62**	$ 742.02	n/a
2 Party	$ 1,454.94	$ 1,034.24	$ 420.70	**$ 210.35**	$ 1,484.04	$ 25.62
Family	$ 1,891.42	$ 1,344.51	$ 546.91	**$ 273.45**	$ 1,929.25	$ -
PERS CARE						
Single	$ 886.15	$ 676.23	$ 209.92	**$ 104.96**	$ 903.87	n/a
2 Party	$ 1,772.30	$ 1,034.24	$ 738.06	**$ 369.03**	$ 1,807.75	$ 104.96
Family	$ 2,303.99	$ 1,344.51	$ 959.48	**$ 479.74**	$ 2,350.07	$ 70.81

** 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 12/31/16

COVERAGE	MONTHLY PREMIUM	COUNTY PORTION	EMPLOYEE PORTION	EMPLOYEE PAY PERIOD	COBRA PREMIUM
Single	$ 38.30	$ 28.14	$ 10.16	$ 5.08	$ 39.07
2 Party	$ 70.50	$ 45.67	$ 24.83	$ 12.42	$ 71.91
Family	$ 108.60	$ 59.91	$ 48.69	$ 24.35	$ 110.77

- 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 1/01/15-12/31/16

COVERAGE	PREMIUM PAY PERIOD	COUNTY PAY PERIOD	EMPLOYEE PAY PERIOD	COBRA RATE MONTHLY
Single	$ 5.34	$ 5.34	$ -	$11.80/mo
Family	$ 10.08	$ 5.34	$ 4.74	$22.72/mo

***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."