

2014 - REVISED
COUNTY OF SHASTA
MEDICAL/DENTAL/VISION PREMIUM RATES
CONFIDENTIAL EMPLOYEES

CALPERS MEDICAL

PLAN COVERAGE	2014 MONTHLY PREMIUM
PERSCHOICE	
Single	\$ 641.08
2 Party	\$ 1,282.16
Family	\$ 1,666.81
PERS SELECT	
Single	\$ 613.99
2 Party	\$ 1,227.98
Family	\$ 1,596.37
PERS CARE	
Single	\$ 668.27
2 Party	\$ 1,336.54
Family	\$ 1,737.50

REGULAR EMPLOYEE

MONTHLY COUNTY PORTION	MONTHLY EMPLOYEE PORTION	PAY PERIOD EMPLOYEE PORTION
PERSCHOICE		
\$ 544.92	\$ 96.16	\$ 48.08
\$ 779.74	\$ 502.42	\$ 251.21
\$ 979.87	\$ 686.94	\$ 343.47
PERS SELECT		
\$ 544.92	\$ 69.07	\$ 34.54
\$ 779.74	\$ 448.24	\$ 224.12
\$ 979.87	\$ 616.50	\$ 308.25
PERS CARE		
\$ 544.92	\$ 123.35	\$ 61.68
\$ 779.74	\$ 556.80	\$ 278.40
\$ 979.87	\$ 757.63	\$ 378.82

COBRA MONTHLY PREMIUM
\$ 653.90
\$ 1,307.80
\$ 1,700.15
\$ 626.27
\$ 1,252.54
\$ 1,628.30
\$ 681.64
\$ 1,363.27
\$ 1,772.25

SA* PER PAY PERIOD PER SPOUSE PORTION
n/a
\$ 48.08
\$ 35.51
n/a
\$ 34.54
\$ 17.90
n/a
\$ 61.68
\$ 53.18

* 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	\$ 43.90
2 Party	\$ 80.70
Family	\$ 124.30

CONTRACTED THROUGH 12/31/14

COUNTY PORTION	EMPLOYEE PORTION	EMPLOYEE PAY PERIOD
\$ 28.14	\$ 15.76	\$ 7.88
\$ 45.67	\$ 35.03	\$ 17.52
\$ 59.91	\$ 64.39	\$ 32.20

COBRA PREMIUM
\$ 44.78
\$ 82.31
\$ 126.79

- 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	PREMIUM PAY PERIOD
Single	\$ 5.34
Family	\$ 10.08

EFFECTIVE 1/01/07-12/31/14

COUNTY PAY PERIOD	EMPLOYEE PAY PERIOD	COBRA RATE MONTHLY
\$ 5.34	\$ -	\$11.80/mo
\$ 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."