

2014

**COUNTY OF SHASTA  
MEDICAL/DENTAL/VISION PREMIUM RATES  
DSA CORRECTIONAL 2012-2015 MOU**

**CALPERS MEDICAL**

PLAN COVERAGE	2014 MONTHLY PREMIUM
<b>PERSCHOICE</b>	
Single	\$ 641.08
2 Party	\$ 1,282.16
Family	\$ 1,666.81
<b>PERS SELECT</b>	
Single	\$ 613.99
2 Party	\$ 1,227.98
Family	\$ 1,596.37
<b>PERS CARE</b>	
Single	\$ 668.27
2 Party	\$ 1,336.54
Family	\$ 1,737.50
<b>PORAC (Safety Only)</b>	
Single	\$ 634.00
2 Party	\$ 1,186.00
Family	\$ 1,507.00

**REGULAR EMPLOYEE**

MONTHLY COUNTY PORTION	MONTHLY EMPLOYEE PORTION	PAY PERIOD EMPLOYEE PORTION
<b>PERSCHOICE</b>		
\$ 576.97	\$ 64.11	\$ 32.05
\$ 801.35	\$ 480.81	\$ 240.41
\$ 1,041.76	\$ 625.05	\$ 312.53
<b>PERS SELECT</b>		
\$ 576.97	\$ 37.02	\$ 18.51
\$ 801.35	\$ 426.63	\$ 213.32
\$ 1,041.76	\$ 554.61	\$ 277.31
<b>PERS CARE</b>		
\$ 576.97	\$ 91.30	\$ 45.65
\$ 801.35	\$ 535.19	\$ 267.60
\$ 1,041.76	\$ 695.74	\$ 347.87
<b>PORAC (Safety Only)</b>		
\$ 576.97	\$ 57.03	\$ 28.51
\$ 801.35	\$ 384.65	\$ 192.33
\$ 1,041.76	\$ 465.24	\$ 232.62

COBRA MONTHLY PREMIUM	SA* PER PAY PERIOD PER SPOUSE PORTION
<b>PERSCHOICE</b>	
\$ 653.90	n/a
\$ 1,307.80	\$ 32.05
\$ 1,700.15	\$ 12.02
<b>PERS SELECT</b>	
\$ 626.27	n/a
\$ 1,252.54	\$ 18.51
\$ 1,628.30	\$ -
<b>PERS CARE</b>	
\$ 681.64	n/a
\$ 1,363.27	\$ 45.65
\$ 1,772.25	\$ 29.69
<b>PORAC (Safety Only)</b>	
\$ 646.68	n/a
\$ 1,209.72	\$ 8.01
\$ 1,537.14	\$ -

\* 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."