

2014

**COUNTY OF SHASTA
MEDICAL/DENTAL/VISION PREMIUM RATES
MID-MANAGEMENT BARGAINING UNIT 2012-2016 MOU**

CALPERS MEDICAL

2014		REGULAR EMPLOYEE			COBRA MONTHLY PREMIUM	SA* PER PAY PERIOD PER SPOUSE PORTION
PLAN COVERAGE	MONTHLY PREMIUM	MONTHLY COUNTY PORTION	MONTHLY EMPLOYEE PORTION	PAY PERIOD EMPLOYEE PORTION		
PERSCHOICE						
Single	\$ 641.08	\$ 641.08	\$ 0.00	\$ 0.00	\$ 653.90	n/a
2 Party	\$ 1,282.16	\$ 748.99	\$ 533.17	\$ 266.59	\$ 1,307.80	\$ 0.00
Family	\$ 1,666.81	\$ 949.98	\$ 716.83	\$ 358.42	\$ 1,700.15	\$ 18.94
PERS SELECT						
Single	\$ 613.99	\$ 613.99	\$ 0.00	\$ 0.00	\$ 626.27	n/a
2 Party	\$ 1,227.98	\$ 748.99	\$ 478.99	\$ 239.50	\$ 1,252.54	\$ 0.00
Family	\$ 1,596.37	\$ 949.98	\$ 646.39	\$ 323.20	\$ 1,628.30	\$ 1.33
PERS CARE						
Single	\$ 668.27	\$ 641.08	\$ 27.19	\$ 13.60	\$ 681.64	n/a
2 Party	\$ 1,336.54	\$ 748.99	\$ 587.55	\$ 293.78	\$ 1,363.27	\$ 13.60
Family	\$ 1,737.50	\$ 949.98	\$ 787.52	\$ 393.76	\$ 1,772.25	\$ 36.61
PORAC (Safety Only)						
Single	\$ 634.00	\$ 634.00	\$ -	\$ -	\$ 646.68	n/a
2 Party	\$ 1,186.00	\$ 748.99	\$ 437.01	\$ 218.51	\$ 1,209.72	\$ -
Family	\$ 1,507.00	\$ 949.98	\$ 557.02	\$ 278.51	\$ 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	CONTRACTED THROUGH 12/31/14			COBRA PREMIUM
		COUNTY PORTION	EMPLOYEE PORTION	EMPLOYEE PAY PERIOD	
Single	\$ 43.90	\$ 28.14	\$ 15.76	\$ 7.88	\$ 44.78
2 Party	\$ 80.70	\$ 45.67	\$ 35.03	\$ 17.52	\$ 82.31
Family	\$ 124.30	\$ 59.91	\$ 64.39	\$ 32.20	\$ 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	EFFECTIVE 1/01/07-12/31/14		
		COUNTY PAY PERIOD	EMPLOYEE PAY PERIOD	COBRA RATE MONTHLY
Single	\$ 5.34	\$ 5.34	\$ 0.00	\$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."