

2014

COUNTY OF SHASTA
MEDICAL/DENTAL/VISION PREMIUM RATES

SHERIFF'S ADMINISTRATIVE ASSOCIATION pending MOU

CALPERS MEDICAL

REGULAR EMPLOYEE

SA* PER

2014	
PLAN COVERAGE	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
PORAC (Safety Only)	
Single	\$ 634.00
2 Party	\$ 1,186.00
Family	\$ 1,507.00

MONTHLY COUNTY PORTION	MONTHLY EMPLOYEE PORTION	PAY PERIOD EMPLOYEE PORTION
PERSCHOICE		
\$ 641.08	\$ -	\$ -
\$ 748.99	\$ 533.17	\$ 266.59
\$ 949.98	\$ 716.83	\$ 358.42
PERS SELECT		
\$ 613.99	\$ -	\$ -
\$ 748.99	\$ 478.99	\$ 239.50
\$ 949.98	\$ 646.39	\$ 323.20
PERS CARE		
\$ 641.08	\$ 27.19	\$ 13.60
\$ 748.99	\$ 587.55	\$ 293.78
\$ 949.98	\$ 787.52	\$ 393.76
PORAC (Safety Only)		
\$ 634.00	\$ -	\$ -
\$ 748.99	\$ 437.01	\$ 218.51
\$ 949.98	\$ 557.02	\$ 278.51

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
\$ 646.68
\$ 1,209.72
\$ 1,537.14

PAY PERIOD PER SPOUSE PORTION
n/a
\$ -
\$ 18.94
n/a
\$ -
\$ 1.33
n/a
\$ 13.60
\$ 36.61
n/a
\$ -
\$ -

* 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 12/31/14

COVERAGE	MONTHLY PREMIUM
Single	\$ 43.90
2 Party	\$ 80.70
Family	\$ 124.30

COUNTY PORTION	EMPLOYEE PORTION	EMPLOYEE PAY PERIOD
\$ 26.37	\$ 17.53	\$ 8.77
\$ 42.45	\$ 38.25	\$ 19.13
\$ 54.97	\$ 69.33	\$ 34.67

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**

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

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

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."