

**2018**  
**COUNTY OF SHASTA**  
**MEDICAL/DENTAL/VISION PREMIUM RATES**  
**SUPERVISORY UNIT**

**CALPERS MEDICAL**

2018	
PLAN COVERAGE	MONTHLY PREMIUM
<b>PERSCHOICE</b>	
Single	\$ 813.96
2 Party	\$ 1,627.92
Family	\$ 2,116.30
<b>PERS SELECT</b>	
Single	\$ 691.78
2 Party	\$ 1,383.56
Family	\$ 1,798.63
<b>PERS CARE</b>	
Single	\$ 866.93
2 Party	\$ 1,733.86
Family	\$ 2,254.02

**REGULAR EMPLOYEE**

MONTHLY COUNTY PORTION	MONTHLY EMPLOYEE PORTION	PAY PERIOD EMPLOYEE PORTION
<b>PERSCHOICE</b>		
\$ 691.87	\$ 122.09	\$ 61.05
\$ 1,058.15	\$ 569.77	\$ 284.89
\$ 1,375.60	\$ 740.71	\$ 370.35
<b>PERS SELECT</b>		
\$ 691.78	\$ -	\$ -
\$ 1,058.15	\$ 325.41	\$ 162.71
\$ 1,375.60	\$ 423.04	\$ 211.52
<b>PERS CARE</b>		
\$ 691.87	\$ 175.06	\$ 87.53
\$ 1,058.15	\$ 675.71	\$ 337.86
\$ 1,375.60	\$ 878.43	\$ 439.21

COBRA MONTHLY PREMIUM
\$ 830.24
\$ 1,660.48
\$ 2,158.63
\$ 705.62
\$ 1,411.23
\$ 1,834.60
\$ 884.27
\$ 1,768.54
\$ 2,299.10

**SA\* PER PAY PERIOD PER SPOUSE PORTION**

n/a
\$ 61.05
\$ 12.21
n/a
\$ -
\$ -
n/a
\$ 87.53
\$ 46.64

\* 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	\$ 37.40
2 Party	\$ 68.80
Family	\$ 106.10

CONTRACTED THROUGH 12/31/18

MONTHLY COUNTY PORTION	MONTHLY EMPLOYEE PORTION	PAY PERIOD EMPLOYEE PORTION
\$ 29.54	\$ 7.86	\$ 3.93
\$ 48.17	\$ 20.63	\$ 10.32
\$ 63.81	\$ 42.29	\$ 21.15

COBRA MONTHLY PREMIUM
\$ 38.15
\$ 70.18
\$ 108.22

- 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	MONTHLY PREMIUM
Single	\$ 5.79
Family	\$ 10.92

EFFECTIVE 7/01/18

MONTHLY COUNTY PORTION	MONTHLY EMPLOYEE PORTION	PAY PERIOD EMPLOYEE PORTION
\$ 5.79	\$ -	\$ -
\$ 5.79	\$ 5.13	\$ 2.56

COBRA RATE MONTHLY
\$ 5.91
\$ 11.14

EFFECTIVE 1/01/18-6/30/18

COVERAGE	MONTHLY PREMIUM
Single	\$ 11.57
Family	\$ 21.84

MONTHLY COUNTY PORTION	MONTHLY EMPLOYEE PORTION	PAY PERIOD EMPLOYEE PORTION
\$ 11.57	\$ -	\$ -
\$ 11.57	\$ 10.27	\$ 5.13

COBRA RATE MONTHLY
\$ 11.80
\$ 22.28

\*\*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."