2018
COUNTY OF SHASTA
MEDICAL/DENTAL/VISION PREMIUM RATES
UNREPRESENTED MANAGEMENT

CALPERS MEDICAL

PLAN COVERAGE	2018 MONTHLY PREMIUM	REGULAR EMPLOYEE MONTHLY COUNTY PORTION	MONTHLY EMPLOYEE PORTION	PAY PERIOD EMPLOYEE PORTION	COBRA MONTHLY PREMIUM	SA* PER PAY PERIOD PER SPOUSE PORTION
PERSCHOICE						
Single	$ 813.96	$ 813.96	$ -	**$ -**	$ 830.24	n/a
2 Party	$ 1,627.92	$ 1,058.15	$ 569.77	**$ 284.89**	$ 1,660.48	$ -
Family	$ 2,116.30	$ 1,375.60	$ 740.71	**$ 370.35**	$ 2,158.63	$ -
PERS SELECT						
Single	$ 691.78	$ 691.78	$ -	**$ -**	$ 705.62	n/a
2 Party	$ 1,383.56	$ 1,058.15	$ 325.41	**$ 162.71**	$ 1,411.23	$ -
Family	$ 1,798.63	$ 1,375.60	$ 423.04	**$ 211.52**	$ 1,834.60	$ -
PERS CARE						
Single	$ 866.93	$ 813.96	$ 52.97	**$ 26.49**	$ 884.27	n/a
2 Party	$ 1,733.86	$ 1,058.15	$ 675.71	**$ 337.86**	$ 1,768.54	$ 26.49
Family	$ 2,254.02	$ 1,375.60	$ 878.43	**$ 439.21**	$ 2,299.10	$ 16.12
PORAC (Safety Only)						
Single	$ 734.00	$ 734.00	$ -	**$ -**	$ 748.68	n/a
2 Party	$ 1,540.00	$ 1,058.15	$ 481.85	**$ 240.93**	$ 1,570.80	$ -
Family	$ 1,970.00	$ 1,375.60	$ 594.41	**$ 297.20**	$ 2,009.40	$ -

** 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 12/31/18

COVERAGE	MONTHLY PREMIUM	COUNTY PORTION	EMPLOYEE PORTION	EMPLOYEE PAY PERIOD	COBRA PREMIUM
Single	$ 37.40	$ 29.54	$ 7.86	$ 3.93	$ 38.15
2 Party	$ 68.80	$ 48.17	$ 20.63	$ 10.32	$ 70.18
Family	$ 106.10	$ 63.81	$ 42.29	$ 21.15	$ 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**

EFFECTIVE 7/01/18

COVERAGE	MONTHLY PREMIUM	COUNTY PORTION	EMPLOYEE PORTION	EMPLOYEE PAY PERIOD	COBRA RATE MONTHLY
Single	$ 5.79	$ 5.79	$ -	$ -	$ 5.91
Family	$ 10.92	$ 5.79	$ 5.13	$ 2.56	$ 11.14

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

COVERAGE	MONTHLY PREMIUM	COUNTY PORTION	EMPLOYEE PORTION	EMPLOYEE PAY PERIOD	COBRA RATE MONTHLY
Single	$ 11.57	$ 11.57	$ -	$ -	$ 11.80
Family	$ 21.84	$ 11.57	$ 10.27	$ 5.13	$ 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."