

2016
COUNTY OF SHASTA
MEDICAL/DENTAL/VISION PREMIUM RATES
BOARD OF SUPERVISORS

CALPERS MEDICAL

2016

PLAN COVERAGE	MONTHLY PREMIUM
PERSCHOICE	
Single	\$ 795.57
2 Party	\$ 1,591.14
Family	\$ 2,068.48
PERS SELECT	
Single	\$ 727.47
2 Party	\$ 1,454.94
Family	\$ 1,891.42
PERS CARE	
Single	\$ 886.15
2 Party	\$ 1,772.30
Family	\$ 2,303.99

REGULAR EMPLOYEE

MONTHLY COUNTY PORTION	MONTHLY EMPLOYEE PORTION	PAY PERIOD EMPLOYEE PORTION
PERSCHOICE		
\$ 795.57	\$ -	\$ -
\$ 903.48	\$ 687.66	\$ 343.83
\$ 1,150.82	\$ 917.67	\$ 458.83
PERS SELECT		
\$ 727.47	\$ -	\$ -
\$ 903.48	\$ 551.46	\$ 275.73
\$ 1,150.82	\$ 740.61	\$ 370.30
PERS CARE		
\$ 795.57	\$ 90.58	\$ 45.29
\$ 903.48	\$ 868.82	\$ 434.41
\$ 1,150.82	\$ 1,153.18	\$ 576.59

COBRA MONTHLY PREMIUM
\$ 811.48
\$ 1,622.96
\$ 2,109.85
\$ 742.02
\$ 1,484.04
\$ 1,929.25
\$ 903.87
\$ 1,807.75
\$ 2,350.07

SA* PER PAY PERIOD PER SPOUSE PORTION
n/a
\$ -
\$ 30.52
n/a
\$ -
\$ -
n/a
\$ 45.29
\$ 89.40

* 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 12/31/16

COVERAGE	MONTHLY PREMIUM
Single	\$ 38.30
2 Party	\$ 70.50
Family	\$ 108.60

COUNTY PORTION	EMPLOYEE PORTION	EMPLOYEE PAY PERIOD
\$ 28.14	\$ 10.16	\$ 5.08
\$ 45.67	\$ 24.83	\$ 12.42
\$ 59.91	\$ 48.69	\$ 24.35

COBRA PREMIUM
\$ 39.07
\$ 71.91
\$ 110.77

- 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 1/01/15-12/31/16

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."