

2017
COUNTY OF SHASTA
MEDICAL/DENTAL/VISION PREMIUM RATES
BOARD OF SUPERVISORS

CALPERS MEDICAL

2017	
PLAN COVERAGE	MONTHLY PREMIUM
PERSCHOICE	
Single	\$ 820.38
2 Party	\$ 1,640.76
Family	\$ 2,132.99
PERS SELECT	
Single	\$ 727.45
2 Party	\$ 1,454.90
Family	\$ 1,891.37
PERS CARE	
Single	\$ 921.24
2 Party	\$ 1,842.48
Family	\$ 2,395.22
PORAC (Safety Only)	
Single	\$ 699.00
2 Party	\$ 1,467.00
Family	\$ 1,876.00

REGULAR EMPLOYEE

MONTHLY COUNTY PORTION	MONTHLY EMPLOYEE PORTION	PAY PERIOD EMPLOYEE PORTION
\$ 820.38	-	-
\$ 1,066.49	\$ 574.27	\$ 287.13
\$ 1,386.44	\$ 746.55	\$ 373.27
\$ 727.45	-	-
\$ 1,066.49	\$ 388.41	\$ 194.20
\$ 1,386.44	\$ 504.93	\$ 252.46
\$ 820.38	\$ 100.86	\$ 50.43
\$ 1,066.49	\$ 775.99	\$ 387.99
\$ 1,386.44	\$ 1,008.78	\$ 504.39
\$ 699.00	-	-
\$ 1,066.49	\$ 400.51	\$ 200.25
\$ 1,386.44	\$ 489.56	\$ 244.78

COBRA MONTHLY PREMIUM
\$ 836.79
\$ 1,673.58
\$ 2,175.65
\$ 742.00
\$ 1,484.00
\$ 1,929.20
\$ 939.66
\$ 1,879.33
\$ 2,443.12
\$ 712.98
\$ 1,496.34
\$ 1,913.52

SA* PER PAY PERIOD PER SPOUSE PORTION
n/a
-
-
n/a
-
-
n/a
50.43
47.10
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

COVERAGE	MONTHLY PREMIUM
Single	\$ 39.70
2 Party	\$ 73.00
Family	\$ 112.50

CONTRACTED THROUGH 12/31/17

COUNTY PORTION	EMPLOYEE PORTION	EMPLOYEE PAY PERIOD
\$ 29.54	\$ 10.16	\$ 5.08
\$ 48.17	\$ 24.83	\$ 12.42
\$ 63.81	\$ 48.69	\$ 24.35

COBRA PREMIUM
\$ 40.49
\$ 74.46
\$ 114.75

- 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	\$ 11.57
Family	\$ 21.84

EFFECTIVE 1/01/15-12/31/17

COUNTY PORTION	EMPLOYEE PORTION	EMPLOYEE PAY PERIOD
\$ 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."