

**2017**

**COUNTY OF SHASTA  
PREMIUM RATES FOR MEDICAL/DENTAL/VISION  
TEAMSTERS 01/01/17-12/31/19 MOU**

<b>PLAN E</b> HIGH DEDUCTIBLE W/HSA	<b>2017</b> MONTHLY PREMIUM		<b>MONTHLY</b> COUNTY PAYMENT	<b>PAID BY</b> TEAMSTER TRUST	<b>PAY PERIOD</b> EMPLOYEE SHARE
<b>Med/RX/Den/VSP</b>					
EE Only	\$ 648	*	\$ 738.43	\$ -	\$ -
EE + Spouse	\$ 1,093	**	\$ 1,126.23	\$ -	\$ -
EE + Child(ren)	\$ 1,047	**	\$ 1,126.23	\$ -	\$ -
EE + Family	\$ 1,445	**	\$ 1,461.82	\$ -	\$ -

\* \$54 of premium amount is deposited to employee's HSA account

\*\*\$108 of premium amount is deposited to employee's HSA account

<b>SELECT PLUS</b> \$0 DEDUCTIBLE NO HSA	<b>2017</b> MONTHLY PREMIUM		<b>MONTHLY</b> COUNTY PAYMENT	<b>PAID BY</b> TEAMSTER TRUST	<b>PAY PERIOD</b> EMPLOYEE SHARE
<b>Med/RX/Den/VSP</b>					
EE Only	\$ 711		\$ 738.43	\$ -	\$ -
EE + Spouse	\$ 1,205		\$ 1,126.23	\$ 78.77	\$ -
EE + Child(ren)	\$ 1,146		\$ 1,126.23	\$ 19.77	\$ -
EE + Family	\$ 1,596		\$ 1,461.82	\$ 134.18	\$ -

<b>Medical/RX</b>					
EE Only	\$ 659		\$ 697.32	\$ -	\$ -
EE + Spouse	\$ 1,101		\$ 1,066.49	\$ 34.51	\$ -
EE + Child(ren)	\$ 1,011		\$ 1,066.49	\$ -	\$ -
EE + Family	\$ 1,410		\$ 1,386.44	\$ 23.56	\$ -

<b>Dental/VSP</b>					
EE Only	\$ 190		\$ 41.11	\$ 148.89	\$ -
EE + Spouse	\$ 190		\$ 59.74	\$ 130.26	\$ -
EE + Child(ren)	\$ 190		\$ 59.74	\$ 130.26	\$ -
EE + Family	\$ 190		\$ 75.38	\$ 114.62	\$ -

**For questions regarding Teamsters Health options, please contact the Teamsters' office.  
Heather McFall @ 530-243-0232**