2019

COUNTY OF SHASTA

PREMIUM RATES FOR MEDICAL/DENTAL/VISION

TEAMSTERS - TRADES AND CRAFTS UNIT (07)

PLAN E HIGH DEDUCTIBLE W/HSA	2019 MONTHLY PREMIUM		MONTHLY COUNTY PAYMENT	MONTHLY PAID BY TEAMSTER TRUST	PAY PERIOD EMPLOYEE SHARE
Med/RX/Den/VSP/Life/HSA					
EE Only	676.00	*	778.32	0.00	0.00
EE + Spouse	1,140.00	**	1,187.38	0.00	0.00
EE + Child(ren)	1,092.00	**	1,187.38	0.00	0.00
EE + Family	1,507.00	**	1,541.53	0.00	0.00
Med/RX/Life/HSA					
EE Only	621.00	*	778.32	0.00	0.00
EE + Spouse	1,033.00	**	1,187.38	0.00	0.00
EE + Child(ren)	953.00	**	1,187.38	0.00	0.00
EE + Family	1,313.00	**	1,541.53	0.00	0.00

* 56.00 of premium amount is deposited to employee's HSA account

** 113.00 of premium amount is deposited to employee's HSA account

SELECT PLUS $0 DEDUCTIBLE NO HSA	2019 MONTHLY PREMIUM		MONTHLY COUNTY PAYMENT	MONTHLY PAID BY TEAMSTER TRUST	PAY PERIOD EMPLOYEE SHARE
Med/RX/Den/VSP					
EE Only	742.00		778.32	0.00	0.00
EE + Spouse	1,257.00		1,187.38	69.63	0.00
EE + Child(ren)	1,195.00		1,187.38	7.63	0.00
EE + Family	1,665.00		1,541.53	123.47	0.00
Medical/RX					
EE Only	687.00		778.32	0.00	0.00
EE + Spouse	1,148.00		1,187.38	0.00	0.00
EE + Child(ren)	1,054.00		1,187.38	0.00	0.00
EE + Family	1,471.00		1,541.53	0.00	0.00
Dental/VSP/Life					
EE Only	99.00		41.41	57.59	0.00
EE + Spouse	167.00		60.34	106.66	0.00
EE + Child(ren)	159.00		60.34	98.66	0.00
EE + Family	222.00		76.38	145.62	0.00

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