2019
COUNTY OF SHASTA
MEDICAL/DENTAL/VISION PREMIUM RATES
DEPUTY SHERIFF'S ASSOCIATION - CORRECTIONAL OFFICERS (09)

CALPERS MEDICAL

PLAN COVERAGE	2019 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	$ 866.95	736.91	130.04	**65.02**	884.29	n/a
2 Party	$ 1,733.90	1,127.04	606.87	**303.43**	1,768.58	65.02
Family	$ 2,254.07	1,465.15	788.92	**394.46**	2,299.15	13.00
PERS SELECT						
Single	$ 511.34	511.34	0.00	**0.00**	521.57	n/a
2 Party	$ 1,022.68	1,022.68	0.00	**0.00**	1,043.13	0.00
Family	$ 1,329.48	1,329.48	0.00	**0.00**	1,356.07	0.00
PERS CARE						
Single	$ 1,085.83	736.91	348.92	**174.46**	1,107.55	n/a
2 Party	$ 2,171.66	1,127.04	1,044.63	**522.31**	2,215.09	174.46
Family	$ 2,823.16	1,465.15	1,358.01	**679.01**	2,879.62	155.28
PORAC (Safety Only)						
Single	$ 774.00	736.91	37.09	**18.55**	789.48	n/a
2 Party	$ 1,623.00	1,127.04	495.97	**247.98**	1,655.46	37.30
Family	$ 2,076.00	1,465.15	610.85	**305.43**	2,117.52	0.00

** 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 12/31/19

COVERAGE	MONTHLY PREMIUM	COUNTY PORTION	EMPLOYEE PORTION	EMPLOYEE PAY PERIOD	COBRA PREMIUM
Single	$ 37.70	29.84	7.86	3.93	38.45
2 Party	$ 69.40	48.77	20.63	10.32	70.79
Family	$ 107.10	64.81	42.29	21.15	109.24

- 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	COUNTY PORTION	EMPLOYEE PORTION	EMPLOYEE PAY PERIOD	COBRA RATE MONTHLY
Single	$ 5.79	5.79	0.00	0.00	5.91
Family	$ 10.92	5.79	5.13	2.56	11.14

***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."

MOU valid 04/01/17-03/31/20