2020
COUNTY OF SHASTA
MEDICAL/DENTAL/VISION PREMIUM RATES
MID-MANAGEMENT BARGAINING UNIT (33)

CALPERS MEDICAL

PLAN COVERAGE	2020 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	$ 861.18	861.18	0.00	**0.00**	878.40	n/a
2 Party	$ 1,722.36	1,119.53	602.83	**301.41**	1,756.81	0.00
Family	$ 2,239.07	1,455.40	783.67	**391.83**	2,283.85	0.00
PERS SELECT						
Single	$ 520.29	520.29	0.00	**0.00**	530.70	n/a
2 Party	$ 1,040.58	1,040.58	0.00	**0.00**	1,061.39	0.00
Family	$ 1,352.75	1,352.75	0.00	**0.00**	1,379.81	0.00
PERS CARE						
Single	$ 1,133.14	861.18	271.96	**135.98**	1,155.80	n/a
2 Party	$ 2,266.28	1,119.53	1,146.75	**573.37**	2,311.61	135.98
Family	$ 2,946.16	1,455.40	1,490.76	**745.38**	3,005.08	157.40
PORAC (Safety Only)						
Single	$ 774.00	774.00	0.00	**0.00**	789.48	n/a
2 Party	$ 1,699.00	1,119.53	579.47	**289.73**	1,732.98	0.00
Family	$ 2,199.00	1,455.40	743.60	**371.80**	2,242.98	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	$ 35.70	29.84	5.86	2.93	36.41
2 Party	$ 65.80	48.77	17.03	8.51	67.12
Family	$ 101.50	64.81	36.69	18.34	103.53

- 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 01/01/17-12/31/19