

2015

**COUNTY OF SHASTA
MEDICAL/DENTAL/VISION PREMIUM RATES
PROFESSIONAL PEACE OFFICERS ASSOCIATION 08/01/13 thru 07/31/16 MOU**

CALPERS MEDICAL

REGULAR EMPLOYEE

**SA* PER
PAY PERIOD
PER SPOUSE
PORTION**

2015	
PLAN COVERAGE	MONTHLY PREMIUM
PERSCHOICE	
Single	\$ 656.08
2 Party	\$ 1,312.16
Family	\$ 1,705.81
PERS SELECT	
Single	\$ 646.35
2 Party	\$ 1,292.70
Family	\$ 1,680.51
PERS CARE	
Single	\$ 725.54
2 Party	\$ 1,451.08
Family	\$ 1,886.40
PORAC (Safety Only)	
Single	\$ 675.00
2 Party	\$ 1,292.00
Family	\$ 1,642.00

MONTHLY COUNTY PORTION	MONTHLY EMPLOYEE PORTION	PAY PERIOD EMPLOYEE PORTION
\$ 557.67	\$ 98.41	\$ 49.21
\$ 852.90	\$ 459.26	\$ 229.63
\$ 1,108.78	\$ 597.03	\$ 298.52
\$ 557.67	\$ 88.68	\$ 44.34
\$ 852.90	\$ 439.80	\$ 219.90
\$ 1,108.78	\$ 571.73	\$ 285.87
\$ 557.67	\$ 167.87	\$ 83.94
\$ 852.90	\$ 598.18	\$ 299.09
\$ 1,108.78	\$ 777.62	\$ 388.81
\$ 557.67	\$ 117.33	\$ 58.67
\$ 852.90	\$ 439.10	\$ 219.55
\$ 1,108.78	\$ 533.22	\$ 266.61

COBRA MONTHLY PREMIUM
\$ 669.20
\$ 1,338.40
\$ 1,739.93
\$ 659.28
\$ 1,318.55
\$ 1,714.12
\$ 740.05
\$ 1,480.10
\$ 1,924.13
\$ 688.50
\$ 1,317.84
\$ 1,674.84

n/a
\$ 49.21
\$ 9.84
n/a
\$ 44.34
\$ 3.52
n/a
\$ 83.94
\$ 54.99
n/a
\$ 44.17
\$ -

* 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 12/31/15

COVERAGE	MONTHLY PREMIUM
Single	\$ 42.50
2 Party	\$ 78.20
Family	\$ 120.40

COUNTY PORTION	EMPLOYEE PORTION	EMPLOYEE PAY PERIOD
\$ 28.14	\$ 14.36	\$ 7.18
\$ 45.67	\$ 32.53	\$ 16.27
\$ 59.91	\$ 60.49	\$ 30.25

COBRA PREMIUM
\$ 43.35
\$ 79.76
\$ 122.81

- 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**

EFFECTIVE 1/01/15-12/31/16

COVERAGE	PREMIUM PAY PERIOD
Single	\$ 5.34
Family	\$ 10.08

COUNTY PAY PERIOD	EMPLOYEE PAY PERIOD	COBRA RATE MONTHLY
\$ 5.34	\$ -	\$11.80/mo
\$ 5.34	\$ 4.74	\$22.72/mo