

2015

COUNTY OF SHASTA MEDICAL/DENTAL/VISION PREMIUM RATES PROFESSIONAL UNIT 05/01/12 thru 04/30/16 MOU

CALPERS MEDICAL

PLAN COVERAGE	2015 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

REGULAR EMPLOYEE

MONTHLY COUNTY PORTION	MONTHLY EMPLOYEE PORTION	PAY PERIOD EMPLOYEE PORTION
PERSCHOICE		
\$ 557.67	\$ 98.41	\$ 49.21
\$ 852.90	\$ 459.26	\$ 229.63
\$ 1,108.78	\$ 597.03	\$ 298.52
PERS SELECT		
\$ 557.67	\$ 88.68	\$ 44.34
\$ 852.90	\$ 439.80	\$ 219.90
\$ 1,108.78	\$ 571.73	\$ 285.87
PERS CARE		
\$ 557.67	\$ 167.87	\$ 83.94
\$ 852.90	\$ 598.18	\$ 299.09
\$ 1,108.78	\$ 777.62	\$ 388.81

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

SA* PER PAY PERIOD PER SPOUSE PORTION
n/a
\$ 49.21
\$ 9.84
n/a
\$ 44.34
\$ 3.52
n/a
\$ 83.94
\$ 54.99

* Spousal Accommodation - see MOU for details.

- CalPERS Medical - Dependent children may remain on your medical insurance until the age of 26.

DELTA DENTAL

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

CONTRACTED THROUGH 12/31/15

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**

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

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

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

**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."