

2016
COUNTY OF SHASTA
MEDICAL/DENTAL/VISION PREMIUM RATES
SHASTA COUNTY EMPLOYEES ASSOCIATION 01/01/14 thru 12/31/15 MOU

CALPERS MEDICAL

2016	
PLAN COVERAGE	MONTHLY PREMIUM
PERSCHOICE	
Single	\$ 795.57
2 Party	\$ 1,591.14
Family	\$ 2,068.48
PERS SELECT	
Single	\$ 727.47
2 Party	\$ 1,454.94
Family	\$ 1,891.42
PERS CARE	
Single	\$ 886.15
2 Party	\$ 1,772.30
Family	\$ 2,303.99

REGULAR EMPLOYEE

MONTHLY COUNTY PORTION	MONTHLY EMPLOYEE PORTION	PAY PERIOD EMPLOYEE PORTION
PERSCHOICE		
\$ 676.23	\$ 119.34	\$ 59.67
\$ 1,034.24	\$ 556.90	\$ 278.45
\$ 1,344.51	\$ 723.97	\$ 361.98
PERS SELECT		
\$ 676.23	\$ 51.24	\$ 25.62
\$ 1,034.24	\$ 420.70	\$ 210.35
\$ 1,344.51	\$ 546.91	\$ 273.45
PERS CARE		
\$ 676.23	\$ 209.92	\$ 104.96
\$ 1,034.24	\$ 738.06	\$ 369.03
\$ 1,344.51	\$ 959.48	\$ 479.74

COBRA MONTHLY PREMIUM
\$ 811.48
\$ 1,622.96
\$ 2,109.85
\$ 742.02
\$ 1,484.04
\$ 1,929.25
\$ 903.87
\$ 1,807.75
\$ 2,350.07

SA* PER PAY PERIOD PER SPOUSE PORTION
n/a
\$ 59.67
\$ 11.93
n/a
\$ 25.62
-
n/a
\$ 104.96
\$ 70.81

* Spousal Accomodation - 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	\$ 38.30
2 Party	\$ 70.50
Family	\$ 108.60

CONTRACTED THROUGH 12/31/16

COUNTY PORTION	EMPLOYEE PORTION	EMPLOYEE PAY PERIOD
\$ 28.14	\$ 10.16	\$ 5.08
\$ 45.67	\$ 24.83	\$ 12.42
\$ 59.91	\$ 48.69	\$ 24.35

COBRA PREMIUM
\$ 39.07
\$ 71.91
\$ 110.77

- 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."