

# 2015

## COUNTY OF SHASTA MEDICAL/DENTAL/VISION PREMIUM RATES UNREPRESENTED MANAGEMENT

### CALPERS MEDICAL

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

### REGULAR EMPLOYEEE

MONTHLY COUNTY PORTION	MONTHLY EMPLOYEE PORTION	PAY PERIOD EMPLOYEE PORTION
<b>PERSCHOICE</b>		
\$ 656.08	\$ -	\$ -
\$ 763.99	\$ 548.17	\$ <b>274.09</b>
\$ 969.48	\$ 736.33	\$ <b>368.17</b>
<b>PERS SELECT</b>		
\$ 646.35	\$ -	\$ -
\$ 763.99	\$ 528.71	\$ <b>264.36</b>
\$ 969.48	\$ 711.03	\$ <b>355.52</b>
<b>PERS CARE</b>		
\$ 656.08	\$ 69.46	\$ <b>34.73</b>
\$ 763.99	\$ 687.09	\$ <b>343.55</b>
\$ 969.48	\$ 916.92	\$ <b>458.46</b>
<b>PORAC (Safety Only)</b>		
\$ 656.08	\$ 18.92	\$ <b>9.46</b>
\$ 763.99	\$ 528.01	\$ <b>264.01</b>
\$ 969.48	\$ 672.52	\$ <b>336.26</b>

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

SA* PER PAY PERIOD PER SPOUSE PORTION
n/a
\$ -
\$ 20.06
n/a
\$ -
\$ 13.74
n/a
\$ 34.73
\$ 65.21
n/a
\$ -
\$ 4.11

\* 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	\$ 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