

2021

**COUNTY OF SHASTA
PREMIUM RATES FOR MEDICAL/DENTAL/VISION
TEAMSTERS - TRADES AND CRAFTS UNIT (07)**

| PLAN E HIGH DEDUCTIBLE W/HSA | 2021 MONTHLY PREMIUM TEAMSTERS | CalPERS PREMIUM | COUNTY PAYMENT | BALANCE PAID BY TEAMSTER TRUST | |
|---|--|--------------------|--|---|------|
| Med/RX/Den/VSP/Life/HSA | | | | | |
| EE Only | 697.00 | * | 935.84 | \$798.56 | \$ - |
| EE + Spouse | 1,175.00 | ** | 1,871.68 | \$1,202.26 | \$ - |
| EE + Child(ren) | 1,126.00 | ** | 1,871.68 | \$1,202.26 | \$ - |
| EE + Family | 1,553.00 | ** | 2,433.18 | \$1,562.60 | \$ - |
| Med/RX/Life/HSA | | | | | |
| EE Only | 640.00 | * | | \$798.56 | \$ - |
| EE + Spouse | 1,065.00 | ** | | \$1,202.26 | \$ - |
| EE + Child(ren) | 982.00 | ** | | \$1,202.26 | \$ - |
| EE + Family | 1,353.00 | ** | | \$1,562.60 | \$ - |
| | * | 58.00 | of premium amount is deposited to employee's HSA account | | |
| | ** | 117.00 | of premium amount is deposited to employee's HSA account | | |

| SELECT PLUS \$0 DEDUCTIBLE NO HSA | 2021 MONTHLY PREMIUM | COUNTY PAYMENT |
|--|-----------------------------------|---------------------------------|
| Med/RX/Den/VSP | | |
| EE Only | 764.00 | \$798.56 |
| EE + Spouse | 1,295.00 | \$1,202.26 |
| EE + Child(ren) | 1,231.00 | \$1,202.26 |
| EE + Family | 1,716.00 | \$1,562.60 |
| Medical/RX | | |
| EE Only | 708.00 | \$798.56 |
| EE + Spouse | 1,182.00 | \$1,202.26 |
| EE + Child(ren) | 1,086.00 | \$1,202.26 |
| EE + Family | 1,516.00 | \$1,562.60 |
| Dental/VSP/Life | | |
| EE Only | 99.00 | \$37.53 |
| EE + Spouse | 167.00 | \$54.56 |
| EE + Child(ren) | 159.00 | \$54.56 |
| EE + Family | 222.00 | \$70.60 |

**For questions regarding Teamsters Health options, please contact the Teamsters' office.
Heather McFall @ 530-243-0232**