

2022
COUNTY OF SHASTA
Retiree Dental and Vision
(Teamsters Excluded)

DELTA DENTAL

UPEC GEN, PROF, CONF, PPOA, SCEA, DSA-CO,
and
SAA, MMBU, UNREP MNG, BOS, ELECTDH
if hired/promoted to a management position **AFTER** 01/01/2013*

COVERAGE	MONTHLY PREMIUM
Single	\$ 39.90
2 Party	\$ 73.50
Family	\$ 113.30

MONTHLY PREM WITH 10+ yrs service**	
\$	35.91
\$	69.51
\$	109.31

(10% discount of EE portion only)

SAA, MMBU, UNREP, MGRS, BOS, ELECTDH
if hired/promoted to a management position **PRIOR** to 01/01/2013*

COVERAGE	MONTHLY PREMIUM
Single	\$ 39.90
2 Party	\$ 73.50
Family	\$ 113.30

MONTHLY PREMIUMS WITH		
10+ yrs service**	15+ yrs service**	20+ yrs service**
\$ 29.93	\$ 19.95	\$ -
\$ 63.53	\$ 53.55	\$ 33.60
\$ 103.33	\$ 93.35	\$ 73.40

(25% discount
of EE portion only)

(50% discount
of EE portion only)

(100% discount
of EE portion only)

* Personnel Rules Section 15.10(B)(2)

** Services does not need to be continuous)

LINCOLN FINANCIAL (Dental)

Rates extended through 12/31/22

Available to all bargaining units (excluding teamsters) **AFTER** 1/1/2022
PRIOR to 1/1/22, was only available to DSA

COVERAGE	MONTHLY PREMIUM
Single	\$ 58.66
Family	\$ 166.55

VSP VISION

COVERAGE	MONTHLY PREMIUM
Single	\$ 10.30
Family	\$ 21.30