

2023
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	\$ 39.60
2 Party	\$ 73.00
Family	\$ 112.40

MONTHLY PREM WITH	
10+ yrs service**	
\$	35.64
\$	69.04
\$	108.44

(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	\$ 39.60
2 Party	\$ 73.00
Family	\$ 112.40

MONTHLY PREMIUMS WITH		
10+ yrs service**	15+ yrs service**	20+ yrs service**
\$ 29.70	\$ 19.80	\$ -
\$ 63.10	\$ 53.20	\$ 33.40
\$ 102.50	\$ 92.60	\$ 72.80

(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 01/01/23-12/31/23
 Next Anniversary Date: 01/01/2024

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	\$ 61.01
Family	\$ 173.21

VSP VISION

COVERAGE	MONTHLY PREMIUM
Single	\$ 10.40
Family	\$ 21.40