

2024

COUNTY OF SHASTA
Retiree Dental and Vision
(Excludes TEAMSTERS, MMBU and SCEA)

DELTA DENTAL

UPEC GEN, PROF, CONF, PPOA, DSA-CO,

and

SAA, UNREP MNG, BOS, ELECTDH

if hired/promoted to a management position **AFTER** 01/01/2013*

COVERAGE	MONTHLY PREMIUM
Single	\$ 39.70
2 Party	\$ 73.20
Family	\$ 112.70

MONTHLY PREM WITH 10+ yrs service**	
\$	35.73
\$	69.23
\$	108.73

(10% discount of EE portion only)

SAA, UNREP, MGRS, BOS, ELECTDH

if hired/promoted to a management position **PRIOR** to 01/01/2013*

COVERAGE	MONTHLY PREMIUM
Single	\$ 39.70
2 Party	\$ 73.20
Family	\$ 112.70

MONTHLY PREMIUMS WITH					
10+ yrs service**		15+ yrs service**		20+ yrs service**	
\$	29.78	\$	19.85	\$	-
\$	63.28	\$	53.35	\$	33.50
\$	102.78	\$	92.85	\$	73.00

(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 01/01/24-12/31/24

Next Anniversary Date: 01/01/2026

Available to all bargaining units (excluding Teamsters, MMBU and SCEA) **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