

2024

**COUNTY OF SHASTA
RETIREE HEALTHCARE PREMIUMS
TEAMSTERS - TRADES AND CRAFTS UNIT (07)**

PLAN COVERAGE	MONTHLY PREMIUM PER PERSON	MONTHLY PREMIUM	PERS Gold Retiree County Monthly Contribution (Health) *	RETIREE MONTHLY PREMIUM <small>Paid x Trust Fund</small>	MONTHLY INVOICE PER PERSON
Single No Medicare	\$480.00	\$480.00	\$808.04	\$0.00	\$808.04
Single with Medicare	\$275.00	\$275.00	\$406.60	\$0.00	\$406.60
2 Party 1 with & 1 No Medicare		\$755.00	\$1,321.42	\$0.00	
with Medicare	\$275.00				\$406.60
without Medicare	\$480.00				\$914.82
2 party neither with Medicare		\$960.00	\$1,475.80	\$0.00	
without Medicare	\$480.00				\$737.90
without Medicare	\$480.00				\$737.90
2 Party both with Medicare		\$550.00	\$813.20	\$0.00	
with Medicare	\$275.00				\$406.60
with Medicare	\$275.00				\$406.60

For questions regarding Teamster Health options, please contact the Teamster Office.
Heather McFall @ 530-243-0232