

2025

COUNTY OF SHASTA

Retiree Dental and Vision

(Excludes TEAMSTERS, DCI, 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	\$ 37.60
2 Party	\$ 69.40
Family	\$ 106.80

MONTHLY PREM WITH	
10+ yrs service**	
\$	33.84
\$	65.64
\$	103.04

(10% discount of EE portion only)

SAA, UNREP, MGRS, BOS, ELECTDH

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

COVERAGE	MONTHLY PREMIUM
Single	\$ 37.60
2 Party	\$ 69.40
Family	\$ 106.80

MONTHLY PREMIUMS WITH					
10+ yrs service**		15+ yrs service**		20+ yrs service**	
\$	28.20	\$	18.80	\$	-
\$	60.00	\$	50.60	\$	31.80
\$	97.40	\$	88.00	\$	69.20

(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 01/01/25-12/31/25

Next Anniversary Date: 01/01/2026

Available to all bargaining units (excluding Teamsters, DCI, MMBU and SCEA) **AFTER** 1/1/202 **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