

2025

**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 Paid x Trust Fund	MONTHLY INVOICE PER PERSON
Single No Medicare	\$480.00	\$480.00	\$857.47	\$0.00	\$857.47
Single with Medicare	\$295.00	\$295.00	\$546.13	\$0.00	\$546.13
2 Party 1 with & 1 No Medicare		\$775.00	\$1,559.83	\$0.00	
with Medicare	\$295.00				\$546.13
without Medicare	\$480.00				\$1,013.70
2 party neither with Medicare		\$960.00	\$1,574.68	\$0.00	
without Medicare	\$480.00				\$787.34
without Medicare	\$480.00				\$787.34
2 Party both with Medicare		\$590.00	\$1,092.26	\$0.00	
with Medicare	\$295.00				\$546.13
with Medicare	\$295.00				\$546.13

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