

**2026
COUNTY OF SHASTA
MEDICAL/DENTAL/VISION PREMIUM RATES**

**UNREPRESENTED MANAGEMENT (03) **
ELECTED DEPARTMENT HEADS (11) **
SHERIFF'S ADMINISTRATION (23-SAA)
BOARD OF SUPERVISORS (10)**

** Employees hired or promoted into a management position before January 1, 2013, see the Health Insurance Premiums (section 15.10A 3a) of the Shasta County Personnel Rules

CALPERS MEDICAL	REGULAR EMPLOYEE				*SA PER PAY PERIOD PER SPOUSE PORTION	COBRA MONTHLY PREMIUM
	MONTHLY PREMIUM	MONTHLY COUNTY PORTION	MONTHLY EMPLOYEE PORTION	PAY PERIOD EMPLOYEE PORTION		
PERS Gold						
Employee Only	\$1,120.58	\$1,008.52	\$112.06	\$56.02	N/A	1,142.99
Employee + 1	\$2,241.16	\$1,792.93	\$448.23	\$224.11	\$56.03	2,285.98
Employee + 2 or more	\$2,913.51	\$2,330.81	\$582.70	\$291.35	\$0.00	2,971.78

PERS Platinum						
Employee Only	\$1,670.14	\$1,008.52	\$661.62	\$330.80	N/A	1,703.54
Employee + 1	\$3,340.28	\$1,792.93	\$1,547.35	\$773.67	\$330.81	3,407.09
Employee + 2 or more	\$4,342.36	\$2,330.81	\$2,011.55	\$1,005.77	\$250.76	4,429.21

PORAC (Safety Only)						
Employee Only	\$1,063.00	\$1,008.52	\$54.48	\$27.23	N/A	1,084.26
Employee + 1	\$2,418.00	\$1,792.93	\$625.07	\$312.53	\$100.24	2,466.36
Employee + 2 or more	\$3,027.00	\$2,330.81	\$696.19	\$348.09	\$0.00	3,087.54

BLUE SHIELD ACCESS (EPO)						
Employee Only	\$1,301.95	\$1,008.52	\$293.43	\$146.71	N/A	1,327.99
Employee + 1	\$2,603.90	\$1,792.93	\$810.97	\$405.48	\$146.71	2,655.98
Employee + 2 or more	\$3,385.07	\$2,330.81	\$1,054.26	\$527.13	\$11.43	3,452.77

BLUE SHIELD TRIO (HMO)						
Employee Only	\$1,166.58	\$1,008.52	\$158.06	\$79.02	N/A	1,189.91
Employee + 1	\$2,333.16	\$1,792.93	\$540.23	\$270.11	\$79.03	2,379.82
Employee + 2 or more	\$3,033.11	\$2,330.81	\$702.30	\$351.15	\$0.00	3,093.77

* Spousal Accommodation - see MOU for details.

- CalPERS Medical - Dependent children may remain on your medical insurance until the age of 26.

DELTA DENTAL	MONTHLY PREMIUM	COUNTY PORTION	EMPLOYEE PORTION	EMPLOYEE PAY PERIOD	COBRA PREMIUM
Single	\$ 37.00	34.14	2.86	1.43	37.74
2 Party	\$ 68.20	56.47	11.73	5.86	69.56
Family	\$ 104.90	74.81	30.09	15.04	107.00

LINCOLN DENTAL	MONTHLY PREMIUM	COUNTY PORTION	EMPLOYEE PORTION	EMPLOYEE PAY PERIOD	COBRA PREMIUM
Single	\$ 61.01	34.14	26.87	13.43	62.23
Family	\$ 173.21	74.81	98.40	49.20	176.67

- New regular employees that choose to enroll in dental are required to pay the full premium for the first 6 months of employment.
- If an employee does not enroll at hire, they may only enroll during open enrollment or as a result of a qualifying event. At that time, if they have not yet worked 6 months they will be required to pay the full premium for the remaining months until they have worked 6 months.
- Delta Dental - Unmarried dependent children over the age of 19 may remain on your dental insurance until their 23rd birthday if they are enrolled full-time in an accredited school, college or university.
- If you drop coverage for your dependents from your dental plan you may only re-enroll them with proof of losing other coverage.

VSP VISION**	MONTHLY PREMIUM	COUNTY PORTION	EMPLOYEE PORTION	EMPLOYEE PAY PERIOD	COBRA RATE MONTHLY
Single	\$ 8.50	8.50	0.00	0.00	8.67
Family	\$ 17.50	8.50	9.00	4.50	17.85

**Never refunded after cancellation

- VSP Vision - A child may be insured "who is chiefly dependent upon the Enrollee for support, has not yet attained the age of 23 years, and is currently enrolled as a full-time student in good standing actively pursuing a degree or certificate at a recognized educational institution."