

**2022**  
**COUNTY OF SHASTA**  
**MEDICAL/DENTAL/VISION PREMIUM RATES**

**BOARD OF SUPERVISORS (10)**

CALPERS MEDICAL		REGULAR EMPLOYEE			*SA PER PAY PERIOD PER SPOUSE PORTION	COBRA MONTHLY PREMIUM
PERS Gold	MONTHLY PREMIUM	MONTHLY COUNTY PORTION	MONTHLY EMPLOYEE PORTION	PAY PERIOD EMPLOYEE PORTION		
Employee Only	\$701.23	\$701.23	\$0.00	\$0.00	N/A	715.25
Employee + 1	\$1,402.46	\$1,262.21	\$140.25	\$70.12	\$0.00	1,430.51
Employee + 2 or more	\$1,823.20	\$1,640.88	\$182.32	\$91.16	\$0.00	1,859.66

PERS Platinum		MONTHLY PREMIUM	MONTHLY COUNTY PORTION	MONTHLY EMPLOYEE PORTION	PAY PERIOD EMPLOYEE PORTION	*SA PER PAY PERIOD PER SPOUSE PORTION	COBRA MONTHLY PREMIUM
Employee Only	\$1,057.01						
Employee + 1	\$2,114.02	\$1,262.21	\$851.81	\$425.90	\$177.89	2,156.30	
Employee + 2 or more	\$2,748.23	\$1,640.88	\$1,107.35	\$553.67	\$101.53	2,803.19	

BLUE SHIELD (EPO)		MONTHLY PREMIUM	MONTHLY COUNTY PORTION	MONTHLY EMPLOYEE PORTION	PAY PERIOD EMPLOYEE PORTION	*SA PER PAY PERIOD PER SPOUSE PORTION	COBRA MONTHLY PREMIUM
Employee Only	\$1,116.01						
Employee + 1	\$2,232.02	\$1,262.21	\$969.81	\$484.90	\$207.39	2,276.66	
Employee + 2 or more	\$2,901.63	\$1,640.88	\$1,260.75	\$630.37	\$139.88	2,959.66	

\* Spousal Accommodation - see MOU for details.

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

DELTA DENTAL		(DSA, DSA-CO, PPOA, SCEA, MMBU, SAA, TEAM, UPEC PROF, MGMT)			COBRA PREMIUM
COVERAGE	MONTHLY PREMIUM	COUNTY PORTION	EMPLOYEE PORTION	EMPLOYEE PAY PERIOD	
Single	\$ 39.90	34.04	5.86	2.93	40.70
2 Party	\$ 73.50	56.47	17.03	8.51	74.97
Family	\$ 113.30	74.81	38.49	19.24	115.57

LINCOLN DENTAL		MONTHLY PREMIUM	MONTHLY COUNTY PORTION	MONTHLY EMPLOYEE PORTION	PAY PERIOD EMPLOYEE PORTION	COBRA PREMIUM
Single	\$ 58.66					
Family	\$ 166.55	74.81	91.74	45.87	169.88	

- 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	MONTHLY COUNTY PORTION	MONTHLY EMPLOYEE PORTION	PAY PERIOD EMPLOYEE PORTION	COBRA RATE MONTHLY
Single	\$ 10.30					
Family	\$ 21.30	10.30	11.00	5.50	21.73	

\*\*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."