

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 | \$1,216.59 | \$185.87 | \$92.93 | \$0.00 | 1,430.51 |
| Employee + 2 or more | \$1,823.20 | \$1,581.57 | \$241.63 | \$120.81 | \$0.00 | 1,859.66 |

| PERS Platinum | | MONTHLY COUNTY PORTION | MONTHLY EMPLOYEE PORTION | PAY PERIOD EMPLOYEE PORTION | *SA PER PAY PERIOD PER SPOUSE PORTION | COBRA MONTHLY PREMIUM |
|----------------------|--------------------|------------------------------|--------------------------------|-----------------------------------|------------------------------------------------|-----------------------------|
| Employee Only | MONTHLY PREMIUM | | | | | |
| Employee Only | \$1,057.01 | \$795.46 | \$261.55 | \$130.77 | N/A | 1,078.15 |
| Employee + 1 | \$2,114.02 | \$1,216.59 | \$897.43 | \$448.71 | \$177.89 | 2,156.30 |
| Employee + 2 or more | \$2,748.23 | \$1,581.57 | \$1,166.66 | \$583.33 | \$116.36 | 2,803.19 |

| BLUE SHIELD (EPO) | | MONTHLY COUNTY PORTION | MONTHLY EMPLOYEE PORTION | PAY PERIOD EMPLOYEE PORTION | *SA PER PAY PERIOD PER SPOUSE PORTION | COBRA MONTHLY PREMIUM |
|----------------------|--------------------|------------------------------|--------------------------------|-----------------------------------|------------------------------------------------|-----------------------------|
| Employee Only | MONTHLY PREMIUM | | | | | |
| Employee Only | \$1,116.01 | \$795.46 | \$320.55 | \$160.27 | N/A | 1,138.33 |
| Employee + 1 | \$2,232.02 | \$1,216.59 | \$1,015.43 | \$507.71 | \$207.39 | 2,276.66 |
| Employee + 2 or more | \$2,901.63 | \$1,581.57 | \$1,320.06 | \$660.03 | \$154.71 | 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 COUNTY PORTION | MONTHLY EMPLOYEE PORTION | PAY PERIOD EMPLOYEE PORTION | COBRA PREMIUM |
|----------------|--------------------|------------------------------|--------------------------------|-----------------------------------|------------------|
| COVERAGE | MONTHLY PREMIUM | | | | |
| Single | \$ 58.66 | 34.04 | 24.62 | 12.31 | 59.83 |
| 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 COUNTY PORTION | MONTHLY EMPLOYEE PORTION | PAY PERIOD EMPLOYEE PORTION | COBRA RATE MONTHLY |
|--------------|--------------------|------------------------------|--------------------------------|-----------------------------------|-----------------------|
| COVERAGE | MONTHLY PREMIUM | | | | |
| Single | \$ 10.30 | 10.30 | 0.00 | 0.00 | 10.51 |
| 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."