

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

**ELECTED DEPARTMENT HEADS (11)**

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 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	\$701.23	\$355.78	\$177.89	n/a	1,078.15
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

PORAC (Safety Only)		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	\$799.00	\$701.23	\$97.77	\$48.88	n/a	814.98
Employee + 1	\$1,725.00	\$1,262.21	\$462.79	\$231.39	\$80.64	1,759.50
Employee + 2 or more	\$2,219.00	\$1,640.88	\$578.12	\$289.06	\$0.00	2,263.38

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	\$701.23	\$414.78	\$207.39	n/a	1,138.33
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 Accomodation - see MOU for details.

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

DELTA DENTAL		MONTHLY COUNTY PORTION	MONTHLY EMPLOYEE PORTION	PAY PERIOD EMPLOYEE PORTION	COBRA MONTHLY PREMIUM
COVERAGE	MONTHLY PREMIUM				
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 MONTHLY 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."