

2022
COUNTY OF SHASTA
MEDICAL/DENTAL/VISION PREMIUM RATES

MID-MANAGEMENT BARGAINING UNIT (33-MMBU)

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						COBRA MONTHLY PREMIUM
Employee Only	\$1,057.01	\$701.23	\$355.78	\$177.89		
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)						COBRA MONTHLY PREMIUM
Employee Only	\$799.00	\$701.23	\$97.77	\$48.88		
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)						COBRA MONTHLY PREMIUM
Employee Only	\$1,116.01	\$701.23	\$414.78	\$207.39		
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					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					COBRA PREMIUM
COVERAGE	MONTHLY PREMIUM	COUNTY PORTION	EMPLOYEE PORTION	EMPLOYEE PAY PERIOD	
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**					COBRA RATE MONTHLY
COVERAGE	MONTHLY PREMIUM	COUNTY PORTION	EMPLOYEE PORTION	EMPLOYEE PAY PERIOD	
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."