

2022
COUNTY OF SHASTA
MEDICAL/DENTAL/VISION PREMIUM RATES

UPEC PROFESSIONAL UNIT (41-UPEC PROF)

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	\$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						
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)						
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)

COVERAGE	MONTHLY PREMIUM	COUNTY PORTION	EMPLOYEE PORTION	EMPLOYEE PAY PERIOD	COBRA 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

COVERAGE	MONTHLY PREMIUM	COUNTY PORTION	EMPLOYEE PORTION	EMPLOYEE PAY PERIOD	COBRA 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**

COVERAGE	MONTHLY PREMIUM	COUNTY PORTION	EMPLOYEE PORTION	EMPLOYEE PAY PERIOD	COBRA RATE MONTHLY
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."