

**2023**  
**COUNTY OF SHASTA**  
**MEDICAL/DENTAL/VISION PREMIUM RATES**

**UPEC GENERAL (01)**  
**CONFIDENTIAL EMPLOYEES (04)**

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		
<b>PERS Gold</b>						
Employee Only	\$825.61	\$763.42	\$62.19	\$31.09	N/A	842.12
Employee + 1	\$1,651.22	\$1,386.59	\$264.63	\$132.31	\$31.09	1,684.24
Employee + 2 or more	\$2,146.59	\$1,802.58	\$344.02	\$172.01	\$0.00	2,189.52

<b>PERS Platinum</b>						
Employee Only	\$1,200.12	\$763.42	\$436.70	\$218.35	N/A	1,224.12
Employee + 1	\$2,400.24	\$1,386.59	\$1,013.65	\$506.82	\$218.35	2,448.24
Employee + 2 or more	\$3,120.31	\$1,802.58	\$1,317.73	\$658.86	\$138.58	3,182.72

<b>BLUE SHIELD (EPO)</b>						
Employee Only	\$1,035.21	\$763.42	\$271.79	\$135.89	N/A	1,055.91
Employee + 1	\$2,070.42	\$1,386.59	\$683.83	\$341.91	\$135.89	2,111.83
Employee + 2 or more	\$2,691.55	\$1,802.58	\$888.97	\$444.48	\$31.39	2,745.38

\* Spousal Accomodation - see MOU for details.

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

<b>DELTA DENTAL</b> (UPEC GEN, CONF)					
COVERAGE	MONTHLY PREMIUM	COUNTY PORTION	EMPLOYEE PORTION	EMPLOYEE PAY PERIOD	COBRA PREMIUM
Single	\$ 39.60	34.04	5.56	2.78	40.39
2 Party	\$ 73.00	48.77	24.23	12.11	74.46
Family	\$ 112.40	64.81	47.59	23.79	114.65

<b>LINCOLN DENTAL</b>					
COVERAGE	MONTHLY PREMIUM	COUNTY PORTION	EMPLOYEE PORTION	EMPLOYEE PAY PERIOD	COBRA PREMIUM
Single	\$ 61.01	34.04	26.97	13.48	62.23
Family	\$ 173.21	64.81	108.40	54.20	176.67

- 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.

<b>VSP VISION**</b>					
COVERAGE	MONTHLY PREMIUM	COUNTY PORTION	EMPLOYEE PORTION	EMPLOYEE PAY PERIOD	COBRA RATE MONTHLY
Single	\$ 10.40	10.40	0.00	0.00	10.61
Family	\$ 21.40	10.40	11.00	5.50	21.83

\*\*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."