

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

**UNREPRESENTED MANAGEMENT (03) \*\***  
**SHERIFF'S ADMINISTRATION (23-SAA) \*\***  
**MID-MANAGEMENT BARGAINING UNIT (33-MMBU) \*\***  
**BOARD OF SUPERVISORS (10) \*\***  
**ELECTED DEPARTMENT HEADS (11) \*\***

\*\* Employees hired or promoted into a management position before January 1, 2013, see the Health Insurance Premiums (section 15.10A 3a) of the Shasta County Personnel Rules

| CALPERS MEDICAL            |                    | REGULAR EMPLOYEE             |                                |                                   | *SA<br>PER PAY PERIOD<br>PER SPOUSE<br>PORTION | COBRA<br>MONTHLY<br>PREMIUM |
|----------------------------|--------------------|------------------------------|--------------------------------|-----------------------------------|--|-----------------------------|
| PERS Gold                  | MONTHLY<br>PREMIUM | MONTHLY<br>COUNTY<br>PORTION | MONTHLY<br>EMPLOYEE<br>PORTION | PAY PERIOD<br>EMPLOYEE<br>PORTION |  |                             |
| 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>PORAC (Safety Only)</b> |                    |                              |                                |                                   |  |                             |
| Employee Only              | \$825.00           | \$763.42                     | \$61.58                        | \$30.79                           | N/A  | 841.50                      |
| Employee + 1               | \$1,875.00         | \$1,386.59                   | \$488.41                       | \$244.20                          | \$87.04  | 1,912.50                    |
| Employee + 2 or more       | \$2,300.00         | \$1,802.58                   | \$497.42                       | \$248.71                          | \$0.00   | 2,346.00                    |
| <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.

| DELTA DENTAL |                    | (DSA, DSA-CO, PPOA, SCEA, MMBU, SAA, TEAM, UPEC PROF, MGMT) |                     |                        | COBRA<br>PREMIUM |
|--------------|--------------------|---|---------------------|------------------------|------------------|
| COVERAGE     | MONTHLY<br>PREMIUM | COUNTY<br>PORTION   | EMPLOYEE<br>PORTION | EMPLOYEE<br>PAY PERIOD |                  |
| Single       | \$ 39.60           | 34.04   | 5.56                | 2.78                   | 40.39            |
| 2 Party      | \$ 73.00           | 56.47   | 16.53               | 8.26                   | 74.46            |
| Family       | \$ 112.40          | 74.81   | 37.59               | 18.79                  | 114.65           |

| LINCOLN DENTAL |                    |                   |                     |                        | COBRA<br>PREMIUM |
|----------------|--------------------|-------------------|---------------------|------------------------|------------------|
| COVERAGE       | MONTHLY<br>PREMIUM | COUNTY<br>PORTION | EMPLOYEE<br>PORTION | EMPLOYEE<br>PAY PERIOD |                  |
| Single         | \$ 61.01           | 34.04             | 26.97               | 13.48                  | 62.23            |
| Family         | \$ 173.21          | 74.81             | 98.40               | 49.20                  | 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.

| VSP VISION** |                    |                   |                     |                        | COBRA RATE<br>MONTHLY |
|--------------|--------------------|-------------------|---------------------|------------------------|-----------------------|
| COVERAGE     | MONTHLY<br>PREMIUM | COUNTY<br>PORTION | EMPLOYEE<br>PORTION | EMPLOYEE<br>PAY PERIOD |                       |
| 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."