

2023
COUNTY OF SHASTA
MEDICAL/DENTAL/VISION PREMIUM RATES

DSA-DEPUTY SHERIFF, SERGEANT/DISTRICT ATTORNEY INVESTIGATORS (02-DSA)
DEPUTY SHERIFF'S ASSOCIATION - CORRECTIONAL OFFICERS (09-DSA CO)
PROFESSIONAL PEACE OFFICERS ASSOCIATION (06-PPOA)
SUPERVISORY UNIT (08-SCEA)
UPEC PROFESSIONAL UNIT (41-UPEC PROF)

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	\$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
PERS Platinum						
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
PORAC (Safety Only)						
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
BLUE SHIELD (EPO)						
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 PREMIUM
COVERAGE	MONTHLY PREMIUM	COUNTY PORTION	EMPLOYEE PORTION	EMPLOYEE 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 PREMIUM
COVERAGE	MONTHLY PREMIUM	COUNTY PORTION	EMPLOYEE PORTION	EMPLOYEE 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 MONTHLY
COVERAGE	MONTHLY PREMIUM	COUNTY PORTION	EMPLOYEE PORTION	EMPLOYEE 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."