

2024
COUNTY OF SHASTA
MEDICAL/DENTAL/VISION PREMIUM RATES
DSA-DEPUTY SHERIFF, SERGEANT/DISTRICT ATTORNEY INVESTIGATORS (02-DSA)

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	\$914.82	\$852.63	\$62.19	\$31.09	N/A	933.12	
Employee + 1	\$1,829.64	\$1,565.01	\$264.63	\$132.31	\$31.10	1,866.23	
Employee + 2 or more	\$2,378.53	\$2,034.51	\$344.02	\$172.01	\$0.00	2,426.10	

PERS Platinum		MONTHLY COUNTY PORTION	MONTHLY EMPLOYEE PORTION	PAY PERIOD EMPLOYEE PORTION	*SA PER PAY PERIOD PER SPOUSE PORTION	COBRA MONTHLY PREMIUM
Employee Only	MONTHLY PREMIUM					
Employee Only	\$1,314.27	\$852.63	\$461.64	\$230.82	N/A	1,340.56
Employee + 1	\$2,628.54	\$1,565.01	\$1,063.53	\$531.76	\$230.81	2,681.11
Employee + 2 or more	\$3,417.10	\$2,034.51	\$1,382.59	\$691.29	\$132.49	3,485.44

PORAC (Safety Only)		MONTHLY COUNTY PORTION	MONTHLY EMPLOYEE PORTION	PAY PERIOD EMPLOYEE PORTION	*SA PER PAY PERIOD PER SPOUSE PORTION	COBRA MONTHLY PREMIUM
Employee Only	MONTHLY PREMIUM					
Employee Only	\$931.00	\$852.63	\$78.37	\$39.18	N/A	949.62
Employee + 1	\$2,117.00	\$1,565.01	\$551.99	\$275.99	\$102.94	2,159.34
Employee + 2 or more	\$2,651.00	\$2,034.51	\$616.49	\$308.24	\$0.00	2,704.02

BLUE SHIELD (EPO)		MONTHLY COUNTY PORTION	MONTHLY EMPLOYEE PORTION	PAY PERIOD EMPLOYEE PORTION	*SA PER PAY PERIOD PER SPOUSE PORTION	COBRA MONTHLY PREMIUM
Employee Only	MONTHLY PREMIUM					
Employee Only	\$1,076.84	\$852.63	\$224.21	\$112.10	N/A	1,098.38
Employee + 1	\$2,153.68	\$1,565.01	\$588.67	\$294.33	\$112.11	2,196.75
Employee + 2 or more	\$2,799.78	\$2,034.51	\$765.27	\$382.63	\$0.00	2,855.78

* Spousal Accomodation - see MOU for details.

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

COVERAGE	MONTHLY PREMIUM	COUNTY PORTION	EMPLOYEE PORTION	EMPLOYEE PAY PERIOD	COBRA PREMIUM
Single	\$ 39.70	34.14	5.56	2.78	40.49
2 Party	\$ 73.20	56.67	16.53	8.26	74.66
Family	\$ 112.70	75.11	37.59	18.79	114.95

COVERAGE	MONTHLY PREMIUM	COUNTY PORTION	EMPLOYEE PORTION	EMPLOYEE PAY PERIOD	COBRA PREMIUM
Single	\$ 61.01	34.14	26.87	13.43	62.23
Family	\$ 173.21	75.11	98.10	49.05	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.

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."