

**2024
COUNTY OF SHASTA
MEDICAL/DENTAL/VISION PREMIUM RATES**

**UNREPRESENTED MANAGEMENT (03) **
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	COBRA
PERS Gold	MONTHLY PREMIUM	MONTHLY COUNTY PORTION	MONTHLY EMPLOYEE PORTION	PAY PERIOD EMPLOYEE PORTION	PER PAY PERIOD PER SPOUSE PORTION	MONTHLY PREMIUM	
Employee Only	\$914.82	\$823.34	\$91.48	\$45.74	N/A	933.12	
Employee + 1	\$1,829.64	\$1,536.90	\$292.74	\$146.37	\$45.74	1,866.23	
Employee + 2 or more	\$2,378.53	\$1,997.97	\$380.56	\$190.28	\$0.00	2,426.10	
PERS Platinum							
Employee Only	\$1,314.27	\$823.34	\$490.93	\$245.46	N/A	1,340.56	
Employee + 1	\$2,628.54	\$1,536.90	\$1,091.64	\$545.82	\$245.46	2,681.11	
Employee + 2 or more	\$3,417.10	\$1,997.97	\$1,419.13	\$709.56	\$148.95	3,485.44	
PORAC (Safety Only)							
Employee Only	\$931.00	\$823.34	\$107.66	\$53.83	N/A	949.62	
Employee + 1	\$2,117.00	\$1,536.90	\$580.10	\$290.05	\$117.58	2,159.34	
Employee + 2 or more	\$2,651.00	\$1,997.97	\$653.03	\$326.51	\$0.00	2,704.02	
BLUE SHIELD (EPO)							
Employee Only	\$1,076.84	\$823.34	\$253.50	\$126.75	N/A	1,098.38	
Employee + 1	\$2,153.68	\$1,536.90	\$616.78	\$308.39	\$126.75	2,196.75	
Employee + 2 or more	\$2,799.78	\$1,997.97	\$801.81	\$400.90	\$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.

DELTA DENTAL

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

LINCOLN DENTAL

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.

VSP VISION**

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."