

2024
COUNTY OF SHASTA
MEDICAL/DENTAL/VISION PREMIUM RATES

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	\$914.82	\$914.82	\$0.00	\$0.00	N/A	933.12	
Employee + 1	\$1,829.64	\$1,646.68	\$182.96	\$91.48	\$0.00	1,866.23	
Employee + 2 or more	\$2,378.53	\$2,140.68	\$237.85	\$118.92	\$0.00	2,426.10	

PERS Platinum		REGULAR EMPLOYEE				*SA PER PAY PERIOD PER SPOUSE PORTION	COBRA MONTHLY PREMIUM
	MONTHLY PREMIUM	MONTHLY COUNTY PORTION	MONTHLY EMPLOYEE PORTION	PAY PERIOD EMPLOYEE PORTION			
Employee Only	\$1,314.27	\$914.82	\$399.45	\$199.72	N/A	1,340.56	
Employee + 1	\$2,628.54	\$1,646.68	\$981.86	\$490.93	\$199.73	2,681.11	
Employee + 2 or more	\$3,417.10	\$2,140.68	\$1,276.42	\$638.21	\$90.40	3,485.44	

PORAC (Safety Only)		REGULAR EMPLOYEE				*SA PER PAY PERIOD PER SPOUSE PORTION	COBRA MONTHLY PREMIUM
	MONTHLY PREMIUM	MONTHLY COUNTY PORTION	MONTHLY EMPLOYEE PORTION	PAY PERIOD EMPLOYEE PORTION			
Employee Only	\$931.00	\$914.82	\$16.18	\$8.08	N/A	949.62	
Employee + 1	\$2,117.00	\$1,646.68	\$470.32	\$235.16	\$71.84	2,159.34	
Employee + 2 or more	\$2,651.00	\$2,140.68	\$510.32	\$255.16	\$0.00	2,704.02	

BLUE SHIELD (EPO)		REGULAR EMPLOYEE				*SA PER PAY PERIOD PER SPOUSE PORTION	COBRA MONTHLY PREMIUM
	MONTHLY PREMIUM	MONTHLY COUNTY PORTION	MONTHLY EMPLOYEE PORTION	PAY PERIOD EMPLOYEE PORTION			
Employee Only	\$1,076.84	\$914.82	\$162.02	\$81.00	N/A	1,098.38	
Employee + 1	\$2,153.68	\$1,646.68	\$507.00	\$253.50	\$81.00	2,196.75	
Employee + 2 or more	\$2,799.78	\$2,140.68	\$659.10	\$329.55	\$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		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		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**		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."