

**2020**  
**COUNTY OF SHASTA**  
**MEDICAL/DENTAL/VISION PREMIUM RATES**  
**DSA - DEPUTY SHERIFF, SERGEANT/DISTRICT ATTORNEY INVESTIGATORS (02)**

**CALPERS MEDICAL**

PLAN COVERAGE	2020 MONTHLY PREMIUM
<b>PERSCHOICE</b>	
Single	\$ 861.18
2 Party	\$ 1,722.36
Family	\$ 2,239.07
<b>PERS SELECT</b>	
Single	\$ 520.29
2 Party	\$ 1,040.58
Family	\$ 1,352.75
<b>PERS CARE</b>	
Single	\$ 1,133.14
2 Party	\$ 2,266.28
Family	\$ 2,946.16
<b>PORAC (Safety Only)</b>	
Single	\$ 774.00
2 Party	\$ 1,699.00
Family	\$ 2,199.00

**REGULAR EMPLOYEE**

MONTHLY COUNTY PORTION	MONTHLY EMPLOYEE PORTION	PAY PERIOD EMPLOYEE PORTION
<b>PERSCHOICE</b>		
732.00	129.18	<b>64.59</b>
1,119.53	602.83	<b>301.41</b>
1,455.40	783.67	<b>391.83</b>
<b>PERS SELECT</b>		
520.29	0.00	<b>0.00</b>
1,040.58	0.00	<b>0.00</b>
1,352.75	0.00	<b>0.00</b>
<b>PERS CARE</b>		
732.00	401.14	<b>200.57</b>
1,119.53	1,146.75	<b>573.37</b>
1,455.40	1,490.76	<b>745.38</b>
<b>PORAC (Safety Only)</b>		
732.00	42.00	<b>21.00</b>
1,119.53	579.47	<b>289.73</b>
1,455.40	743.60	<b>371.80</b>

COBRA MONTHLY PREMIUM
<b>PERSCHOICE</b>
878.40
1,756.81
2,283.85
<b>PERS SELECT</b>
530.70
1,061.39
1,379.81
<b>PERS CARE</b>
1,155.80
2,311.61
3,005.08
<b>PORAC (Safety Only)</b>
789.48
1,732.98
2,242.98

SA* PER PAY PERIOD PER SPOUSE PORTION
<b>PERSCHOICE</b>
n/a
64.59
12.92
<b>PERS SELECT</b>
n/a
0.00
0.00
<b>PERS CARE</b>
n/a
200.57
189.69
<b>PORAC (Safety Only)</b>
n/a
58.75
2.90

\* Spousal Accommodation - see MOU for details.

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

**LINCOLN FINANCIAL**

CONTRACTED THROUGH 11/01/2020

COVERAGE	MONTHLY PREMIUM
Single	\$ 58.66
Family	\$ 166.55

COUNTY PORTION	EMPLOYEE PORTION	EMPLOYEE PAY PERIOD
21.72	36.94	18.47
50.97	115.58	57.79

COBRA PREMIUM
59.83
169.88

- 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.
- 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
Single	\$ 5.79
Family	\$ 10.92

COUNTY PORTION	EMPLOYEE PORTION	EMPLOYEE PAY PERIOD
5.79	0.00	0.00
5.79	5.13	2.56

COBRA RATE MONTHLY
5.91
11.14

\*\*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."