

2020
COUNTY OF SHASTA
MEDICAL/DENTAL/VISION PREMIUM RATES
SHERIFF'S ADMINISTRATIVE ASSOCIATION (23)

CALPERS MEDICAL

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

REGULAR EMPLOYEE

MONTHLY COUNTY PORTION	MONTHLY EMPLOYEE PORTION	PAY PERIOD EMPLOYEE PORTION
861.18	0.00	0.00
1,119.53	602.83	301.41
1,455.40	783.67	391.83
520.29	0.00	0.00
1,040.58	0.00	0.00
1,352.75	0.00	0.00
861.18	271.96	135.98
1,119.53	1,146.75	573.37
1,455.40	1,490.76	745.38
774.00	0.00	0.00
1,119.53	579.47	289.73
1,455.40	743.60	371.80

COBRA MONTHLY PREMIUM
878.40
1,756.81
2,283.85
530.70
1,061.39
1,379.81
1,155.80
2,311.61
3,005.08
789.48
1,732.98
2,242.98

SA* PER PAY PERIOD PER SPOUSE PORTION
n/a
0.00
0.00
n/a
0.00
0.00
n/a
135.98
157.40
n/a
0.00
0.00

* 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
Single	\$ 35.70
2 Party	\$ 65.80
Family	\$ 101.50

CONTRACTED THROUGH 12/31/19

COUNTY PORTION	EMPLOYEE PORTION	EMPLOYEE PAY PERIOD
29.84	5.86	2.93
48.77	17.03	8.51
64.81	36.69	18.34

COBRA PREMIUM
36.41
67.12
103.53

- 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
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."