

2021
COUNTY OF SHASTA
MEDICAL/DENTAL/VISION PREMIUM RATES
DSA - DEPUTY SHERIFF, SERGEANT/DISTRICT ATTORNEY INVESTIGATORS (02)

CALPERS MEDICAL	REGULAR EMPLOYEE				
	PERS Choice	MONTHLY PREMIUM	MONTHLY COUNTY PORTION	MONTHLY EMPLOYEE PORTION	PAY PERIOD EMPLOYEE PORTION
Employee Only	\$935.84	\$761.01	\$174.83	\$87.41	
Employee + 1	\$1,871.68	\$1,147.70	\$723.98	\$361.99	
Employee + 2 or more	\$2,433.18	\$1,492.02	\$941.16	\$470.58	

*SA PER PAY PERIOD PER SPOUSE PORTION
N/A
\$87.42
\$45.04

COBRA MONTHLY PREMIUM
954.56
1,909.11
2,481.84

PERS Select

Employee Only	\$566.67	\$532.22	\$34.45	\$17.22
Employee + 1	\$1,133.34	\$1,064.45	\$68.89	\$34.44
Employee + 2 or more	\$1,473.34	\$1,383.79	\$89.55	\$44.77

N/A
\$0.00
\$0.00

578.00
1,156.01
1,502.81

PERS Care

Employee Only	\$1,294.69	\$761.01	\$533.68	\$266.84
Employee + 1	\$2,589.38	\$1,147.70	\$1,441.68	\$720.84
Employee + 2 or more	\$3,366.19	\$1,492.02	\$1,874.17	\$937.08

N/A
\$266.84
\$278.29

1,320.58
2,641.17
3,433.51

PORAC (Safety Only)

Employee Only	\$799.00	\$761.01	\$37.99	\$18.99
Employee + 1	\$1,725.00	\$1,147.70	\$577.30	\$288.65
Employee + 2 or more	\$2,199.00	\$1,492.02	\$706.98	\$353.49

N/A
\$50.75
\$0.00

814.98
1,759.50
2,242.98

- * Spousal Accomodation - see MOU for details.
- CalPERS Medical - Dependent children may remain on your medical insurance until the age of 26.

LINCOLN FINANCIAL

COVERAGE	MONTHLY PREMIUM	COUNTY PORTION	EMPLOYEE PORTION	EMPLOYEE PAY PERIOD
Single	\$ 58.66	21.72	36.94	18.47
Family	\$ 166.55	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	COUNTY PORTION	EMPLOYEE PORTION	EMPLOYEE PAY PERIOD
Single	\$ 5.79	5.79	0.00	0.00
Family	\$ 10.92	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."