

**2021**  
**COUNTY OF SHASTA**  
**MEDICAL/DENTAL/VISION PREMIUM RATES**  
**UNREPRESENTED MANAGEMENT (03)**  
**MID-MANAGEMENT BARGAINING UNIT (33)**

CALPERS MEDICAL	REGULAR EMPLOYEE				*SA PER PAY PERIOD PER SPOUSE PORTION	COBRA MONTHLY PREMIUM
	MONTHLY PREMIUM	MONTHLY COUNTY PORTION	MONTHLY EMPLOYEE PORTION	PAY PERIOD EMPLOYEE PORTION		
PERS Choice						
Employee Only	\$935.84	\$935.84	\$0.00	\$0.00	N/A	954.56
Employee + 1	\$1,871.68	\$1,147.70	\$723.98	\$361.99	\$0.00	1,909.11
Employee + 2 or more	\$2,433.18	\$1,492.02	\$941.16	\$470.58	\$1.33	2,481.84

PERS Select						
Employee Only	\$566.67	\$566.67	\$0.00	\$0.00	N/A	578.00
Employee + 1	\$1,133.34	\$1,064.45	\$68.89	\$34.44	\$0.00	1,156.01
Employee + 2 or more	\$1,473.34	\$1,383.79	\$89.55	\$44.77	\$0.00	1,502.81

PERS Care						
Employee Only	\$1,294.69	\$935.84	\$358.85	\$179.42	N/A	1,320.58
Employee + 1	\$2,589.38	\$1,147.70	\$1,441.68	\$720.84	\$179.43	2,641.17
Employee + 2 or more	\$3,366.19	\$1,492.02	\$1,874.17	\$937.08	\$234.58	3,433.51

- \* 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	\$ 37.60	31.74	5.86	2.93	38.35
2 Party	\$ 69.20	52.17	17.03	8.51	70.58
Family	\$ 106.80	69.81	36.99	18.49	108.94

- 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	\$ 5.79	5.79	0.00	0.00	5.91
Family	\$ 10.92	5.79	5.13	2.56	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."