

**2021**  
**COUNTY OF SHASTA**  
**MEDICAL/DENTAL/VISION PREMIUM RATES**  
**PROFESSIONAL PEACE OFFICERS ASSOCIATION (06)**  
**SUPERVISORY UNIT (08)**  
**UPEC PROFESSIONAL UNIT (41)**  
**BOARD OF SUPERVISORS (10)**

CALPERS MEDICAL	REGULAR EMPLOYEE			
	MONTHLY PREMIUM	MONTHLY COUNTY PORTION	MONTHLY EMPLOYEE PORTION	PAY PERIOD EMPLOYEE PORTION
<b>PERS Choice</b>				
Employee Only	\$935.84	\$795.46	\$140.38	\$70.19
Employee + 1	\$1,871.68	\$1,216.59	\$655.09	\$327.54
Employee + 2 or more	\$2,433.18	\$1,581.57	\$851.61	\$425.80

*SA PER PAY PERIOD PER SPOUSE PORTION	COBRA MONTHLY PREMIUM
N/A	954.56
\$70.19	1,909.11
\$14.04	2,481.84

**PERS Select**

Employee Only	\$566.67	\$566.67	\$0.00	\$0.00
Employee + 1	\$1,133.34	\$1,133.34	\$0.00	\$0.00
Employee + 2 or more	\$1,473.34	\$1,473.34	\$0.00	\$0.00

N/A	578.00
\$0.00	1,156.01
\$0.00	1,502.81

**PERS Care**

Employee Only	\$1,294.69	\$795.46	\$499.23	\$249.61
Employee + 1	\$2,589.38	\$1,216.59	\$1,372.79	\$686.39
Employee + 2 or more	\$3,366.19	\$1,581.57	\$1,784.62	\$892.31

N/A	1,320.58
\$249.62	2,641.17
\$247.29	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
Single	\$ 37.60	31.74	5.86	2.93
2 Party	\$ 69.20	52.17	17.03	8.51
Family	\$ 106.80	69.81	36.99	18.49

COBRA PREMIUM
38.35
70.58
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
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."