

**2025  
COUNTY OF SHASTA  
MEDICAL/DENTAL/VISION PREMIUM RATES**

**UPEC GENERAL (01)  
CONFIDENTIAL EMPLOYEES (04)**

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		
<b>PERS Gold</b>						
Employee Only	\$1,013.70	\$942.74	\$70.96	\$35.47	N/A	1,033.97
Employee + 1	\$2,027.40	\$1,784.11	\$243.29	\$121.64	\$35.48	2,067.95
Employee + 2 or more	\$2,635.62	\$2,319.35	\$316.27	\$158.13	\$0.00	2,688.33

<b>PERS Platinum</b>						
Employee Only	\$1,476.10	\$942.74	\$533.36	\$266.67	N/A	1,505.62
Employee + 1	\$2,952.20	\$1,784.11	\$1,168.09	\$584.04	\$266.67	3,011.24
Employee + 2 or more	\$3,837.86	\$2,319.35	\$1,518.51	\$759.25	\$143.94	3,914.62

<b>PORAC (Safety Only)</b>						
Employee Only	\$975.00	\$942.74	\$32.26	\$16.12	N/A	994.50
Employee + 1	\$2,218.00	\$1,784.11	\$433.89	\$216.94	\$83.13	2,262.36
Employee + 2 or more	\$2,777.00	\$2,319.35	\$457.65	\$228.82	\$0.00	2,832.54

<b>BLUE SHIELD ACCESS (EPO)</b>						
Employee Only	\$1,170.17	\$942.74	\$227.43	\$113.71	N/A	1,193.57
Employee + 1	\$2,340.34	\$1,784.11	\$556.23	\$278.11	\$113.71	2,387.15
Employee + 2 or more	\$3,042.44	\$2,319.35	\$723.09	\$361.54	\$0.00	3,103.29

<b>BLUE SHIELD TRIO (HMO)</b>						
Employee Only	\$1,134.79	\$942.74	\$192.05	\$96.02	N/A	1,157.49
Employee + 1	\$2,269.58	\$1,784.11	\$485.47	\$242.73	\$96.02	2,314.97
Employee + 2 or more	\$2,950.45	\$2,319.35	\$631.10	\$315.55	\$0.00	3,009.46

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

<b>DELTA DENTAL</b>						
COVERAGE	MONTHLY PREMIUM	COUNTY PORTION	EMPLOYEE PORTION	EMPLOYEE PAY PERIOD	COBRA PREMIUM	
Single	\$ 37.60	34.14	3.46	1.73	38.35	
2 Party	\$ 69.40	56.67	12.73	6.36	70.79	
Family	\$ 106.80	75.11	31.69	15.84	108.94	

<b>LINCOLN DENTAL</b>						
COVERAGE	MONTHLY PREMIUM	COUNTY PORTION	EMPLOYEE PORTION	EMPLOYEE PAY PERIOD	COBRA PREMIUM	
Single	\$ 61.01	34.14	26.87	13.43	62.23	
Family	\$ 173.21	75.11	98.10	49.05	176.67	

- 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.

<b>VSP VISION**</b>						
COVERAGE	MONTHLY PREMIUM	COUNTY PORTION	EMPLOYEE PORTION	EMPLOYEE PAY PERIOD	COBRA RATE MONTHLY	
Single	\$ 10.40	10.40	0.00	0.00	10.61	
Family	\$ 21.40	10.40	11.00	5.50	21.83	

- \*\*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."