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

DSA-DEPUTY SHERIFF, SERGEANT/DISTRICT ATTORNEY INVESTIGATIORS (02-DSA) **DEPUTY SHERIFF'S ASSOCIATION - CORRECTIONAL OFFICERS (09-DSA CO)**

		REGULA	R EMPLOYEE			
PERS Gold	MONTHLY PREMIUM	MONTHLY COUNTY PORTION	MONTHLY EMPLOYEE PORTION	PAY PERIOD EMPLOYEE PORTION	*SA PER PAY PERIOD PER SPOUSE PORTION	COBRA MONTHLY PREMIUM
Employee Only	\$1,013.70	\$924.49	\$89.21	\$44.60	N/A	1,033.97
Employee + 1	\$2,027.40	\$1,693.69	\$333.71	\$166.85	\$44.60	2,067.95
Employee + 2 or more	\$2,635.62	\$2,201.80	\$433.82	\$216.91	\$0.00	2,688.33
PERS Platinum						
Employee Only	\$1,476.10	\$924.49	\$551.61	\$275.80	N/A	1,505.62
Employee + 1	\$2,952.20	\$1,693.69	\$1,258.51	\$629.25	\$275.80	3,011.24
Employee + 2 or more	\$3,837.86	\$2,201.80	\$1,636.06	\$818.03	\$177.89	3,914.62
PORAC (Safety Only) Employee Only	\$975.00	\$924.49	\$50.51	\$25.25	N/A	994.50
Employee + 1 Employee + 2 or more	\$2,218.00 \$2,777.00	\$1,693.69 \$2,201.80	\$524.31 \$575.20	\$262.15 \$287.60	\$92.25 \$0.00	2,262.36 2,832.54
BLUE SHIELD ACCESS Employee Only		\$924.49	\$245.68	\$122.83	N/A	1,193.57
Employee + 1	\$2,340.34	\$1,693.69	\$646.65	\$323.32	\$122.84	2,387.15
Employee + 2 or more	\$3,042.44	\$2,201.80	\$840.64	\$420.32	\$0.00	3,103.29
BLUE SHIELD TRIO (H	. ,	×-/	7	7	7	
	\$1,134.79	\$924.49	\$210.30	\$105.14	N/A	1,157.49
Employee Only			¢575.00	¢207.04	4400.04	2 24 4 07
Employee Only Employee + 1	\$2,269.58	\$1,693.69	\$575.89	\$287.94	\$122.84	2,314.97

DELTA DENTAL

COVERAGE	MONTHLY	COUNTY	EMPLOYEE	EMPLOYEE
COVENAGE	PREMIUM	PORTION	PORTION	PAY PERIOD
Single	\$ 37.60	34.14	3.46	1.73
2 Party	\$ 69.40	56.67	12.73	6.36
Family	\$ 106.80	75.11	31.69	15.84

• CalPERS Medical - Dependent children may remain on your medical insurance until the age of 26.

COBRA
PREMIUM
38.35
70.79
108.94

LINCOLN DENTAL

COVERAGE		ONTHLY	COUNTY	EMPLOYEE	EMPLOYEE
	PR	EMIUM	PORTION	PORTION	PAY PERIOD
Single	\$	61.01	34.14	26.87	13.43
Family	\$	173.21	75.11	98.10	49.05
a New year les amples age that above to appell in dontal are required to pay the full promises for the fire					

	PREMIUM
	62.23
	176.67
n	onths of employmen

COBRA

- 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	\$ 10.40	10.40	0.00	0.00
Family	\$ 21.40	10.40	11.00	5.50

COBRA RATE
MONTHLY
10.61
21.83

[•] 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."