

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

PROFESSIONAL PEACE OFFICERS ASSOCIATION (06-PPOA)

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 Gold						
Employee Only	\$1,013.70	\$857.47	\$156.24	\$78.12	N/A	1,033.97
Employee + 1	\$2,027.40	\$1,574.68	\$452.72	\$226.36	\$78.11	2,067.95
Employee + 2 or more	\$2,635.62	\$2,047.10	\$588.54	\$294.27	\$0.00	2,688.33

PERS Platinum						
Employee Only	\$1,476.10	\$857.47	\$618.63	\$309.31	N/A	1,505.62
Employee + 1	\$2,952.20	\$1,574.68	\$1,377.52	\$688.76	\$309.32	3,011.24
Employee + 2 or more	\$3,837.86	\$2,047.10	\$1,790.76	\$895.38	\$233.32	3,914.62

PORAC (Safety Only)						
Employee Only	\$975.00	\$857.47	\$117.53	\$58.76	N/A	994.50
Employee + 1	\$2,218.00	\$1,574.68	\$643.32	\$321.66	\$125.77	2,262.36
Employee + 2 or more	\$2,777.00	\$2,047.10	\$729.90	\$364.95	\$0.00	2,832.54

BLUE SHIELD ACCESS (EPO)						
Employee Only	\$1,170.17	\$857.47	\$312.70	\$156.35	N/A	1,193.57
Employee + 1	\$2,340.34	\$1,574.68	\$765.66	\$382.83	\$156.34	2,387.15
Employee + 2 or more	\$3,042.44	\$2,047.10	\$995.34	\$497.67	\$34.47	3,103.29

BLUE SHIELD TRIO (HMO)						
Employee Only	\$1,134.79	\$857.47	\$277.32	\$138.66	N/A	1,157.49
Employee + 1	\$2,269.58	\$1,574.68	\$694.90	\$347.45	\$138.66	2,314.97
Employee + 2 or more	\$2,950.45	\$2,047.10	\$903.35	\$451.67	\$34.47	3,009.46

- * 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	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	

LINCOLN DENTAL						
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.

VSP VISION**						
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."