

2025
COUNTY OF SHASTA
MEDICAL/DENTAL/VISION PREMIUM RATES

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

CALPERS MEDICAL		REGULAR EMPLOYEE				*SA PER PAY PERIOD PER SPOUSE PORTION	COBRA MONTHLY PREMIUM
PERS Gold	MONTHLY PREMIUM	MONTHLY COUNTY PORTION	MONTHLY EMPLOYEE PORTION	PAY PERIOD EMPLOYEE PORTION			
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						*SA PER PAY PERIOD PER SPOUSE PORTION	COBRA MONTHLY PREMIUM
Employee Only	\$1,476.10	\$924.49	\$551.61	\$275.80	N/A		
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)						*SA PER PAY PERIOD PER SPOUSE PORTION	COBRA MONTHLY PREMIUM
Employee Only	\$975.00	\$924.49	\$50.51	\$25.25	N/A		
Employee + 1	\$2,218.00	\$1,693.69	\$524.31	\$262.15	\$92.25	2,262.36	
Employee + 2 or more	\$2,777.00	\$2,201.80	\$575.20	\$287.60	\$0.00	2,832.54	

BLUE SHIELD ACCESS (EPO)						*SA PER PAY PERIOD PER SPOUSE PORTION	COBRA MONTHLY PREMIUM
Employee Only	\$1,170.17	\$924.49	\$245.68	\$122.83	N/A		
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 (HMO)						*SA PER PAY PERIOD PER SPOUSE PORTION	COBRA MONTHLY PREMIUM
Employee Only	\$1,134.79	\$924.49	\$210.30	\$105.14	N/A		
Employee + 1	\$2,269.58	\$1,693.69	\$575.89	\$287.94	\$122.84	2,314.97	
Employee + 2 or more	\$2,950.45	\$2,201.80	\$748.65	\$374.32	\$23.00	3,009.46	

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

DELTA DENTAL						COBRA PREMIUM
COVERAGE	MONTHLY PREMIUM	COUNTY PORTION	EMPLOYEE PORTION	EMPLOYEE PAY PERIOD		
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						COBRA PREMIUM
COVERAGE	MONTHLY PREMIUM	COUNTY PORTION	EMPLOYEE PORTION	EMPLOYEE PAY PERIOD		
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**						COBRA RATE MONTHLY
COVERAGE	MONTHLY PREMIUM	COUNTY PORTION	EMPLOYEE PORTION	EMPLOYEE PAY PERIOD		
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."