

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

**UNREPRESENTED MANAGEMENT (03) \*\*  
ELECTED DEPARTMENT HEADS (11) \*\*  
SHERIFF'S ADMINISTRATION (23-SAA)  
BOARD OF SUPERVISORS (10)**

\*\* Employees hired or promoted into a management position before January 1, 2013, see the Health Insurance Premiums (section 15.10A 3a) of the Shasta County Personnel Rules

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	\$912.33	\$101.37	\$50.68	N/A	1,033.97
Employee + 1	\$2,027.40	\$1,662.47	\$364.93	\$182.46	\$50.69	2,067.95
Employee + 2 or more	\$2,635.62	\$2,161.21	\$474.41	\$237.20	\$0.00	2,688.33

<b>PERS Platinum</b>						
Employee Only	\$1,476.10	\$912.33	\$563.77	\$281.88	N/A	1,505.62
Employee + 1	\$2,952.20	\$1,662.47	\$1,289.73	\$644.86	\$281.89	3,011.24
Employee + 2 or more	\$3,837.86	\$2,161.21	\$1,676.65	\$838.32	\$191.08	3,914.62

<b>PORAC (Safety Only)</b>						
Employee Only	\$975.00	\$912.33	\$62.67	\$31.33	N/A	994.50
Employee + 1	\$2,218.00	\$1,662.47	\$555.53	\$277.76	\$98.34	2,262.36
Employee + 2 or more	\$2,777.00	\$2,161.21	\$615.79	\$307.89	\$0.00	2,832.54

<b>BLUE SHIELD ACCESS (EPO)</b>						
Employee Only	\$1,170.17	\$912.33	\$257.84	\$128.92	N/A	1,193.57
Employee + 1	\$2,340.34	\$1,662.47	\$677.87	\$338.93	\$128.92	2,387.15
Employee + 2 or more	\$3,042.44	\$2,161.21	\$881.23	\$440.61	\$0.00	3,103.29

<b>BLUE SHIELD TRIO (HMO)</b>						
Employee Only	\$1,134.79	\$912.33	\$222.46	\$111.23	N/A	1,157.49
Employee + 1	\$2,269.58	\$1,662.47	\$607.11	\$303.55	\$111.23	2,314.97
Employee + 2 or more	\$2,950.45	\$2,161.21	\$789.24	\$394.62	\$0.00	3,009.46

\* Spousal Accommodation - see MOU for details.

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

DELTA DENTAL	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	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**	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."