

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

UPEC PROFESSIONAL UNIT (41-UPEC PROF)

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	\$964.26	\$49.44	\$24.72	N/A	1,033.97	
Employee + 1	\$2,027.40	\$1,745.56	\$281.84	\$140.92	\$24.72	2,067.95	
Employee + 2 or more	\$2,635.62	\$2,269.23	\$366.40	\$183.20	\$0.00	2,688.33	

PERS Platinum						*SA PER PAY PERIOD PER SPOUSE PORTION	COBRA MONTHLY PREMIUM
	MONTHLY PREMIUM	MONTHLY COUNTY PORTION	MONTHLY EMPLOYEE PORTION	PAY PERIOD EMPLOYEE PORTION			
Employee Only	\$1,476.10	\$964.26	\$511.84	\$255.92	N/A	1,505.62	
Employee + 1	\$2,952.20	\$1,745.56	\$1,206.64	\$603.32	\$255.92	3,011.24	
Employee + 2 or more	\$3,837.86	\$2,269.23	\$1,568.63	\$784.31	\$151.09	3,914.62	

PORAC (Safety Only)						*SA PER PAY PERIOD PER SPOUSE PORTION	COBRA MONTHLY PREMIUM
	MONTHLY PREMIUM	MONTHLY COUNTY PORTION	MONTHLY EMPLOYEE PORTION	PAY PERIOD EMPLOYEE PORTION			
Employee Only	\$975.00	\$964.26	\$10.74	\$5.37	N/A	994.50	
Employee + 1	\$2,218.00	\$1,745.56	\$472.44	\$236.22	\$72.37	2,262.36	
Employee + 2 or more	\$2,777.00	\$2,269.23	\$507.77	\$253.88	\$0.00	2,832.54	

BLUE SHIELD ACCESS (EPO)						*SA PER PAY PERIOD PER SPOUSE PORTION	COBRA MONTHLY PREMIUM
	MONTHLY PREMIUM	MONTHLY COUNTY PORTION	MONTHLY EMPLOYEE PORTION	PAY PERIOD EMPLOYEE PORTION			
Employee Only	\$1,170.17	\$964.26	\$205.91	\$102.95	N/A	1,193.57	
Employee + 1	\$2,340.34	\$1,745.56	\$594.78	\$297.39	\$102.96	2,387.15	
Employee + 2 or more	\$3,042.44	\$2,269.23	\$773.21	\$386.60	\$0.00	3,103.29	

BLUE SHIELD TRIO (HMO)						*SA PER PAY PERIOD PER SPOUSE PORTION	COBRA MONTHLY PREMIUM
	MONTHLY PREMIUM	MONTHLY COUNTY PORTION	MONTHLY EMPLOYEE PORTION	PAY PERIOD EMPLOYEE PORTION			
Employee Only	\$1,134.79	\$964.26	\$170.53	\$85.26	N/A	1,157.49	
Employee + 1	\$2,269.58	\$1,745.56	\$524.02	\$262.01	\$85.27	2,314.97	
Employee + 2 or more	\$2,950.45	\$2,269.23	\$681.22	\$340.61	\$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.

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."