

**COUNTY OF COLUSA INSURANCE
2018 RATES**

Coverage Period: January 1, 2018 - December 31, 2018

Region and plan eligibility is based on your residence or work zip code, for further information visit the CalPERS website or contact HR.

HEALTH INSURANCE PLAN NAME	BASE INSURANCE PREMIUM	CALPERS ADMIN FEE 0.0033	TOTAL INSURANCE PREMIUM
OTHER NORTHERN CALIFORNIA REGION			
PERS Care - PPO Other Northern California Region			
Single	866.93	2.86	869.79
2 Party	1,733.86	5.72	1,739.58
Family	2,254.02	7.44	2,261.46
PERS Choice - PPO Other Northern California Region			
Single	813.96	2.69	816.65
2 Party	1,627.92	5.37	1,633.29
Family	2,116.30	6.98	2,123.28
PERS Select - PPO Other Northern California Region			
Single	691.78	2.28	694.06
2 Party	1,383.56	4.57	1,388.13
Family	1,798.63	5.94	1,804.57
Blue Shield - HMO & EPO Other Northern California Region			
Single	894.43	2.95	897.38
2 Party	1,788.86	5.90	1,794.76
Family	2,325.52	7.67	2,333.19
Western Health Advantage *(Limited zip codes only)			
Single	744.79	2.46	747.25
2 Party	1,489.58	4.92	1,494.50
Family	1,936.45	6.39	1,942.84

PORAC - (Peace Officers Only) (Blue Cross of California)			
Single	734.00	2.42	736.42
2 Party	1,540.00	5.08	1,545.08
Family	1,970.00	6.50	1,976.50

BAY AREA REGION			
PERS Care - PPO Bay Area (Blue Cross of California)			
Single	882.45	2.91	885.36
2 Party	1,764.90	5.82	1,770.72
Family	2,294.37	7.57	2,301.94
PERS Choice - PPO Bay Area (Blue Cross of California)			
Single	800.27	2.64	802.91
2 Party	1,600.54	5.28	1,605.82
Family	2,080.70	6.87	2,087.57
PERS Select - PPO Bay Area (Blue Cross of California)			
Single	717.50	2.37	719.87
2 Party	1,435.00	4.74	1,439.74
Family	1,865.50	6.16	1,871.66
Anthem Select HMO Bay Area			
Single	856.41	2.83	859.24
2 Party	1,712.82	5.65	1,718.47
Family	2,226.67	7.35	2,234.02
Western Health Advantage *(Limited zip codes only)			
Single	792.56	2.62	795.18
2 Party	1,585.12	5.23	1,590.35
Family	2,060.66	6.80	2,067.46

Employee cost will be determined based on hire date and employee group

**** County health plan enrollment is not mandatory as long as employees can provide proof of alternative coverage as defined in Health Plan Coverage Waiver Form.**

	Hired	
	Prior to 1/1/13	After 12/31/12
CCEA/CDSA Employees		
Health Contribution	133.00	133.00
Cafeteria Plan Contribution		
Employee	672.00	672.00
Employee +1	992.00	992.00
Family	1,287.00	1,287.00
**If an employee hired after 1/1/13 does not enroll in County health insurance they may be eligible for a \$300 monthly cash in-lieu benefit as per County Health Plan Coverage Waiver Form guidelines.		

	Hired	
	Prior to 1/1/13	After 12/31/12
MGMT/URD Employees		
Health Contribution	133.00	133.00
Cafeteria Plan Contribution		
Employee	387.00	697.00
Employee +1	707.00	1,017.00
Family	1,002.00	1,312.00
Mgmt Incentive	310.00	-
**If an employee hired after 1/1/13 does not enroll in County health insurance they may be eligible for a \$311 monthly cash in-lieu benefit as per County Health Plan Coverage Waiver Form guidelines.		

	Hired	
	Prior to 1/1/13	After 12/31/12
DPHD/URADH		
Health Contribution	133.00	133.00
Cafeteria Plan Contribution		
Employee	387.00	737.00
Employee +1	707.00	1,057.00
Family	1,002.00	1,352.00
Mgmt Incentive	350.00	-
**If an employee hired after 1/1/13 does not enroll in County health insurance they may be eligible for a \$331 monthly cash in-lieu benefit as per County Health Plan Coverage Waiver Form guidelines.		

* Western Health Advantage is limited to specific zip codes, please refer to the CalPERS website to determine eligibility Colusa County - only 95912, none for Butte, Sutter or Yuba Counties

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SACRAMENTO REGION			
PERS Care - PPO Sac Region (Blue Cross of California)			
Single	797.61	2.63	800.24
2 Party	1,595.22	5.26	1,600.48
Family	2,073.79	6.84	2,080.63
PERS Choice - PPO Sac Region (Blue Cross of California)			
Single	735.38	2.43	737.81
2 Party	1,470.76	4.85	1,475.61
Family	1,911.99	6.31	1,918.30
PERS Select - PPO Sac Region (Blue Cross of California)			
Single	684.90	2.26	687.16
2 Party	1,369.80	4.52	1,374.32
Family	1,780.74	5.88	1,786.62
Western Health Advantage *(Limited zip codes only)			
Single	744.79	2.46	747.25
2 Party	1,489.58	4.92	1,494.50
Family	1,936.45	6.39	1,942.84
Kaiser Sacramento Region			
Single	703.96	2.32	706.28
2 Party	1,407.92	4.65	1,412.57
Family	1,830.30	6.04	1,836.34

	Hired	
	Prior to 1/1/13	After 12/31/12
ELEC DPHD		
Health Contribution (All)	133.00	133.00
Cafeteria Plan Contribution (Misc)		
Employee (Misc)	387.00	822.00
Employee +1 (Misc)	707.00	1,142.00
Family (Misc)	1,002.00	1,437.00
Mgmt Incentive (Misc)	435.00	-
Employee (Safety)	387.00	622.00
Employee +1 (Safety)	707.00	942.00
Family (Safety)	1,002.00	1,237.00
Mgmt Incentive (Safety)	235.00	-
**If an employee hired after 1/1/13 does not enroll in County health insurance they may be eligible for a \$374 (MISC) or \$274 (Safety) monthly cash in-lieu benefit as per County Health Plan Coverage Waiver Form guidelines.		

**DELTA DENTAL of CA - DENTAL INSURANCE
2018 RATES**

EFFECTIVE WITH DECEMBER 31, 2017 PAYROLL
Renewal Period: January 1, 2018 thru December 31, 2018

INSURANCE COVERAGE	TOTAL PREMIUM	TOTAL CO. SHARE	EMPLOYEE COST			
			EE ONLY	EE + SPOUSE	FAMILY	CHILD(REN)
Employee Only	46.00	45.00	1.00			
EE + Spouse	88.70	45.00		43.70		
EE + Family	147.60	45.00			102.60	
EE + Child(ren)	74.20	45.00				29.20

The County of Colusa requires its employees to enroll in County-sponsored dental coverage unless they can show proof of alternative coverage from another source. Employees hired prior to 1/1/13 may take the \$45 County contribution as a monthly cash in-lieu benefit as per County Dental Plan Coverage Waiver Form guidelines.

**VISION SERVICE PLAN - VISION INSURANCE
2018 RATES**

EFFECTIVE WITH NOVEMBER 30, 2017 PAYROLL
Renewal Period: December 1, 2017 - November 30, 2019

INSURANCE COVERAGE	TOTAL PREMIUM	TOTAL CO. SHARE	EMPLOYEE COST		
			EE ONLY	EE + 1 Dep	EE + 2 or More Dependents
Employee Only	12.91	12.91	0.00		
EE + 1 Dependent	18.73	12.91		5.82	
EE + Family	33.58	12.91			20.67

Vision enrollment is mandatory for all employees.