

COUNTY OF COLUSA INSURANCE

**2020 RATES**

Coverage Period: January 1, 2020 - December 31, 2020

HEALTH INSURANCE PLAN NAME	BASE INSURANCE PREMIUM	CALPERS ADMIN FEE 0.0027	TOTAL INSURANCE PREMIUM
<b>REGION 1</b>			
<b>PERS Care - PPO (Anthem Blue Cross)</b>			
Single	1,133.14	3.06	1,136.20
2 Party	2,266.28	6.12	2,272.40
Family	2,946.16	7.95	2,954.11
<b>PERS Choice - PPO (Anthem Blue Cross)</b>			
Single	861.18	2.33	863.51
2 Party	1,722.36	4.65	1,727.01
Family	2,239.07	6.05	2,245.12
<b>PERS Select - PPO (Anthem Blue Cross)</b>			
Single	520.29	1.40	521.69
2 Party	1,040.58	2.81	1,043.39
Family	1,352.75	3.65	1,356.40
<b>PORAC - (Peace Officers Only) (Blue Cross of California)</b>			
Single	774.00	2.09	776.09
2 Party	1,699.00	4.59	1,703.59
Family	2,199.00	5.94	2,204.94
<b>**Blue Shield EPO &amp; Blue Shield Access +</b>			
Single	1,127.77	3.04	1,130.81
2 Party	2,255.54	6.09	2,261.63
Family	2,932.20	7.92	2,940.12
<b>**Western Health Advantage</b>			
Single	731.96	1.98	733.94
2 Party	1,463.92	3.95	1,467.87
Family	1,903.10	5.14	1,908.24
<b>**Kaiser</b>			
Single	768.49	2.07	770.56
2 Party	1,536.98	4.15	1,541.13
Family	1,998.07	5.39	2,003.46

\*\* Plan available in limited zip codes, please see the zip code search on the CalPERS website

	Hire Date	
	Prior to 1/1/13	After 12/31/12
<b>CCEA/CDSA Employees</b>		
Health Contribution	139.00	139.00
<b>Cafeteria Plan Contribution</b>		
Employee	681.00	681.00
Employee +1	1,011.00	1,011.00
Family	1,316.00	1,316.00
In-lieu	715.00	300.00

	Hire Date	
	Prior to 1/1/13	After 12/31/12
<b>MGMT/URD Employees</b>		
Health Contribution	139.00	139.00
<b>Cafeteria Plan Contribution</b>		
Employee	396.00	706.00
Employee +1	726.00	1,036.00
Family	1,031.00	1,341.00
Mgmt Incentive	310.00	-
In-lieu	435.00	311.00

	Hire Date	
	Prior to 1/1/13	After 12/31/12
<b>DPHD/URADH</b>		
Health Contribution	139.00	139.00
<b>Cafeteria Plan Contribution</b>		
Employee	396.00	746.00
Employee +1	726.00	1,076.00
Family	1,031.00	1,381.00
Mgmt Incentive	350.00	-
In-lieu	435.00	331.00

	Hire Date	
	Prior to 1/1/13	After 12/31/12
<b>ELEC DPHD</b>		
Health Contribution (All)	139.00	139.00
<b>Cafeteria Plan Contribution</b>		
Employee (Misc)	396.00	831.00
Employee +1 (Misc)	726.00	1,161.00
Family (Misc)	1,031.00	1,466.00
Mgmt Incentive (Misc)	435.00	-
Employee (Safety)	396.00	631.00
Employee +1 (Safety)	726.00	961.00
Family (Safety)	1,031.00	1,266.00
Mgmt Incentive (Safety)	235.00	-
In-lieu Misc	435.00	374.00
In-lieu Safety	435.00	274.00

**DELTA DENTAL of CA - DENTAL INSURANCE**  
Renewal Period: January 1, 2020 thru December 31, 2020

INSURANCE COVERAGE	TOTAL PREMIUM	TOTAL CO. SHARE	EMPLOYEE COST			
			EE ONLY	EE + SPOUSE	EE + FAMILY	EE + CHILD(REN)
Employee Only	44.90	44.90	0.00			
EE + Spouse	86.60	45.00		41.60		
EE + Family	144.00	45.00			99.00	
EE + Child(ren)	72.40	45.00				27.40

Employees hired prior to 1/1/13 may take the \$45 County contribution as a monthly cash in-lieu benefit w/proof of other coverage

**VISION SERVICE PLAN - VISION INSURANCE**  
Renewal Period: December 1, 2019 - November 30, 2021

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.