

COUNTY OF COLUSA INSURANCE

2019 RATES

Coverage Period: January 1, 2019 - December 31, 2019



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 0.0027	TOTAL INSURANCE PREMIUM	EE COST
OTHER NORTHERN CALIFORNIA REGION				
PERS Care - PPO Other Northern California Region				
Single	1,085.83	2.93	1,088.76	268.76
2 Party	2,171.66	5.86	2,177.52	1,027.52
Family	2,823.16	7.62	2,830.78	1,375.78
PERS Choice - PPO Other Northern California Region				
Single	866.95	2.34	869.29	49.29
2 Party	1,733.90	4.68	1,738.58	588.58
Family	2,254.07	6.09	2,260.16	805.16
PERS Select - PPO Other Northern California Region				
Single	511.34	1.38	512.72	(307.28)
2 Party	1,022.68	2.76	1,025.44	(124.56)
Family	1,329.48	3.59	1,333.07	(121.93)
Blue Shield - HMO & EPO Other Northern California Region				
Single	976.81	2.64	979.45	159.45
2 Party	1,953.62	5.27	1,958.89	808.89
Family	2,539.71	6.86	2,546.57	1,091.57
Western Health Advantage *(Limited zip codes only)				
Single	696.68	1.88	698.56	(121.44)
2 Party	1,393.36	3.76	1,397.12	247.12
Family	1,811.37	4.89	1,816.26	361.26

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.

CCEA/CDSA Employees	Hired	
	Prior to 1/1/13	After 12/31/12
Health Contribution	136.00	136.00
Cafeteria Plan Contribution		
Employee	684.00	684.00
Employee +1	1,014.00	1,014.00
Family	1,319.00	1,319.00

**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.

PORAC - (Peace Officers Only) (Blue Cross of California)				
Single	774.00	2.09	776.09	(43.91)
2 Party	1,623.00	4.38	1,627.38	477.38
Family	2,076.00	5.61	2,081.61	626.61

BAY AREA REGION				EE COST
PERS Care - PPO Bay Area (Blue Cross of California)				
Single	1,131.68	3.06	1,134.74	314.74
2 Party	2,263.36	6.11	2,269.47	1,119.47
Family	2,942.37	7.94	2,950.31	1,495.31
PERS Choice - PPO Bay Area (Blue Cross of California)				
Single	866.27	2.34	868.61	48.61
2 Party	1,732.54	4.68	1,737.22	587.22
Family	2,252.30	6.08	2,258.38	803.38
PERS Select - PPO Bay Area (Blue Cross of California)				
Single	543.19	1.47	544.66	(275.34)
2 Party	1,086.38	2.93	1,089.31	(60.69)
Family	1,412.29	3.81	1,416.10	(38.90)
Anthem Select HMO Bay Area				
Single	831.44	2.24	833.68	13.68
2 Party	1,662.88	4.49	1,667.37	517.37
Family	2,161.74	5.84	2,167.58	712.58
Western Health Advantage *(Limited zip codes only)				
Single	767.01	2.07	769.08	(50.92)
2 Party	1,534.02	4.14	1,538.16	388.16
Family	1,994.23	5.38	1,999.61	544.61

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SACRAMENTO REGION				EE COST
PERS Care - PPO Sac Region (Blue Cross of California)				
Single	1,027.99	2.78	1,030.77	210.77
2 Party	2,055.98	5.55	2,061.53	911.53
Family	2,672.77	7.22	2,679.99	1,224.99
PERS Choice - PPO Sac Region (Blue Cross of California)				
Single	798.58	2.16	800.74	(19.26)
2 Party	1,597.16	4.31	1,601.47	451.47
Family	2,076.31	5.61	2,081.92	626.92
PERS Select - PPO Sac Region (Blue Cross of California)				
Single	508.68	1.37	510.05	(309.95)
2 Party	1,017.36	2.75	1,020.11	(129.89)
Family	1,322.57	3.57	1,326.14	(128.86)
Western Health Advantage *(Limited zip codes only)				
Single	696.68	1.88	698.56	(121.44)
2 Party	1,393.36	3.76	1,397.12	247.12
Family	1,811.37	4.89	1,816.26	361.26
Kaiser Sacramento Region				
Single	687.99	1.86	689.85	(130.15)
2 Party	1,375.98	3.72	1,379.70	229.70
Family	1,788.77	4.83	1,793.60	338.60

DELTA DENTAL of CA - DENTAL INSURANCE
2019 RATES

EFFECTIVE WITH DECEMBER 31, 2018 PAYROLL
Renewal Period: January 1, 2019 thru December 31, 2019

INSURANCE COVERAGE	TOTAL PREMIUM	TOTAL CO. SHARE	EMPLOYEE COST			
			EE ONLY	EE + SPOUSE	FAMILY	CHILD(REN)
Employee Only	44.50	44.50	0.00			
EE + Spouse	85.90	45.00		40.90		
EE + Family	142.90	45.00			97.90	
EE + Child(ren)	71.80	45.00				26.80

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
2019 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	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.