



# COUNTY OF COLUSA 2022 RATES

Coverage Period: January 1, 2022 - December 31, 2022

EMPLOYEE GROUP: MGMT/URD

MONTHLY COSTS	COVERAGE LEVELS					
	Employee Only		Employee + 1		FAMILY	
	Prior 1/1/13	After 12/31/12	Prior 1/1/13	After 12/31/12	Prior 1/1/13	After 12/31/12
HEALTH INSURANCE PLAN NAME						
PERS Platinum - PPO (Anthem Blue Cross)	484.65	174.65	1023.34	713.34	1237.34	927.34
PERS Gold - PPO Other (Anthem Blue Cross)	127.98	*(182.02)	310.00	0.00	310.00	0.00
**Blue Shield - Access+ (HMO) & EPO	543.80	233.80	1141.63	831.63	1391.12	1081.12
**Western Health Advantage	168.11	*(141.89)	390.26	80.26	414.34	104.34
**Anthem HMO Select	443.35	133.35	940.73	630.73	1129.95	819.95
**Anthem HMO Traditional	732.26	422.26	1518.55	1208.55	1881.12	1571.12
**Blue Shield Trio HMO	325.79	15.79	705.60	395.60	824.28	514.28
**United Health Care HMO	447.83	137.83	949.69	639.69	1141.60	831.60
**Kaiser HMO	284.20	*(25.80)	622.44	312.44	716.17	406.17
PORAC - (Peace Officers Only)	226.00	*(84.00)	633.34	323.34	706.79	396.79

\*For employees hired after 12/31/2012: the County provides each employee enrolled in the CalPERS health insurance plan monthly cafeteria contributions to pay for the cost of the plan. The cost of some health plans is lower than the cafeteria contribution (i.e. the premium for employee-only PERS Gold coverage is \$702.98 but the County cafeteria contribution is \$885, leaving \$182.02 in excess cafeteria funds). Employees can use any excess funds to pay for dental, vision and pre-tax voluntary Colonial and/or Aflac policies. Any remaining balances is deposited into the employees HRA account. [With significant increase in insurance premiums costs for the 2022 plan year, many employees will have significantly less excess funds to pay for voluntary supplemental policies resulting in an increased out-of-pocket cost.](#)

\*\*Plan available in limited zip codes. To determine if the health plan you are considering provides services where you reside or work, use the Health Plan search by Zip Code available on the CalPERS website.

MONTHLY COSTS	COVERAGE LEVELS			
	EE Only	EE + Spouse	Family	EE + Children
DENTAL INSURANCE PLAN NAME				
Delta Dental PPO	0.00	38.70	94.10	24.90
Delta Care DHMO	0.00	0.00	21.20	0.00

\*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.

<b>MONTHLY COSTS</b>	<b>COVERAGE LEVELS</b>		
<b>VISION INSURANCE PLAN NAME</b>	<b>Employee Only</b>	<b>Employee + 1</b>	<b>FAMILY</b>
VISION SERVICE PROVIDERS (VSP)	0.00	5.82	20.67

*Vision enrollment is mandatory for all employees.*

<b>CASH IN-LIEU AMOUNTS</b>	<b>HIRED</b>	
	<b>Prior to 1/1/13</b>	<b>After 12/31/12</b>
	435.00	311.00

*County health plan enrollment is not mandatory. If an employee does not enroll in County health insurance, they may be eligible for a monthly cash in-lieu benefit as long as employees can provide proof of alternative coverage as defined in Health Plan Coverage Waiver Form.*