



COUNTY OF COLUSA 2022 RATES

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

EMPLOYEE GROUP: CCEA/CDSA

MONTHLY COSTS	COVERAGE LEVELS		
HEALTH INSURANCE PLAN NAME	Employee Only	Employee + 1	FAMILY
PERS Platinum - PPO (Anthem Blue Cross)	174.65	713.34	927.34
PERS Gold - PPO Other (Anthem Blue Cross)	*(182.02)	0.00	0.00
**Blue Shield - Access+ (HMO) & EPO	233.80	831.63	1081.12
**Western Health Advantage	*(141.89)	80.26	104.34
**Anthem HMO Select	133.35	630.75	819.95
**Anthem HMO Traditional	422.26	1208.55	1571.12
**Blue Shield Trio HMO	15.79	395.60	514.28
**United Health Care HMO	137.83	639.69	831.60
**Kaiser HMO	*(25.80)	312.44	406.17
PORAC - (Peace Officers Only)	*(84.00)	323.34	396.79

*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			
DENTAL INSURANCE PLAN NAME	EE Only	EE + Spouse	Family	EE + Children
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.

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

Vision enrollment is mandatory for all employees.

CASH IN-LIEU AMOUNTS	HIRED	
	Prior to 1/1/13	After 12/31/12
	715.00	300.00

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.