

# Modoc County Employee Benefit Sheet

CALENDAR YEAR 2023

## General/Exempt Confidential-Management/Appointed-At Will Employees



PACE Anthem PPO 250	Total Premium	County Portion	Employee Deduction	Calendar Year Deductible	
				Member	Family
Employee Only	\$856.98	\$590.81	\$266.17	\$250.00	\$750.00
Employee + One	\$1,713.97	\$1,131.62	\$582.35	\$250.00	\$750.00
Employee + Family	\$2,228.15	\$1,506.10	\$722.05	\$250.00	\$750.00

### PACE Anthem PPO 750

Employee Only	\$749.23	\$585.68	\$163.55	\$750.00	\$2,250.00
Employee + One	\$1,498.44	\$1,121.35	\$377.09	\$750.00	\$2,250.00
Employee + Family	\$1,947.98	\$1,492.76	\$455.22	\$750.00	\$2,250.00

### PACE Anthem EPO 30

Employee Only	\$813.33	\$588.73	\$224.60	None	None
Employee + One	\$1,626.66	\$1,127.46	\$499.20	None	None
Employee + Family	\$2,114.65	\$1,500.70	\$613.95	None	None

### PACE Anthem HDHP 3000 (High Deductible Health Plan)

Employee Only	\$663.61	\$581.60	\$82.01	\$3,000.00	\$6,000.00
Employee + 1	\$1,327.21	\$1,113.20	\$214.01	\$3,000.00	\$6,000.00
Employee + Family	\$1,725.37	\$1,482.16	\$243.21	\$3,000.00	\$6,000.00

### Dental, Vision, and Life (Paid for by Modoc County)

Beam Dental	53.47				
Beam Vision (VSP)	15.74				
Life (25,000)	3.50				

# Modoc County Employee Benefit Sheet

CALENDAR YEAR 2023

## Elected Officials



PACE Anthem PPO 250	Total Premium	County Portion	Employee Deduction	Calendar Year Deductible	
				Member	Family
Employee Only	\$856.98	\$501.59	\$355.39	\$250.00	\$750.00
Employee + One	\$1,713.97	\$1,003.18	\$710.79	\$250.00	\$750.00
Employee + Family	\$2,228.15	\$1,304.13	\$924.02	\$250.00	\$750.00

### PACE Anthem PPO 750

Employee Only	\$749.23	\$501.59	\$247.64	\$750.00	\$2,250.00
Employee + One	\$1,498.44	\$1,003.18	\$495.26	\$750.00	\$2,250.00
Employee + Family	\$1,947.98	\$1,304.13	\$643.85	\$750.00	\$2,250.00

### PACE Anthem EPO 30

Employee Only	\$813.33	\$501.59	\$311.74	None	None
Employee + One	\$1,626.66	\$1,003.18	\$623.48	None	None
Employee + Family	\$2,114.65	\$1,304.13	\$810.52	None	None

### PACE Anthem HDHP 3000 (High Deductible Health Plan)

Employee Only	\$663.61	\$501.59	\$162.02	\$3,000.00	\$6,000.00
Employee + 1	\$1,327.21	\$1,003.18	\$324.03	\$3,000.00	\$6,000.00
Employee + Family	\$1,725.37	\$1,304.13	\$421.21	\$3,000.00	\$6,000.00

### Dental, Vision, and Life (Paid for by Modoc County)

Beam Dental	53.47				
Beam Vision (VSP)	15.74				
Life (25,000)	3.50				

# Modoc County Employee Benefit Sheet

CALENDAR YEAR 2023

Deputy Sheriff's Association



PORAC	Total Premium	County Portion	Employee Deduction	Calendar Year Deductible	
				Member	Family
Employee Only	\$825.00	\$501.59	\$323.41	\$300.00	\$900.00
Employee + One	\$1,875.00	\$1,003.18	\$871.82	\$300.00	\$900.00
Employee + Family	\$2,300.00	\$1,304.13	\$995.87	\$300.00	\$900.00

**PERS Gold (Previously was Pers Select)**

Employee Only	\$825.61	\$501.59	\$324.02	\$1,000.00	\$2,000.00
Employee + One	\$1,651.22	\$1,003.18	\$648.04	\$1,000.00	\$2,000.00
Employee + Family	\$2,146.59	\$1,304.13	\$842.46	\$1,000.00	\$2,000.00

**PERS Platinum (Previously was Pers Care and Pers Choice)**

Employee Only	\$1,200.12	\$501.59	\$698.53	\$500.00	\$1,000.00
Employee + One	\$2,400.24	\$1,003.18	\$1,397.06	\$500.00	\$1,000.00
Employee + Family	\$3,120.31	\$1,304.13	\$1,816.18	\$500.00	\$1,000.00

**Pers BlueShield Access EPO**

Employee Only	\$1,035.21	\$501.59	\$533.62	\$1,500.00	\$3,000.00
Employee + One	\$2,070.42	\$1,003.18	\$1,067.24	\$1,500.00	\$3,000.00
Employee + Family	\$2,691.55	\$1,304.13	\$1,387.42	\$1,500.00	\$3,000.00

Dental, Vision, and Life (Paid for by The County)

# Modoc County Employee Benefit Sheet

## CALENDAR YEAR 2023

### Probation Department



### Represented Members

PORAC	Total Premium	County Portion	Employee Deduction	Calendar Year Deductible Member	Deductible Family
Employee Only	\$825.00	\$550.00	\$275.00	\$300.00	\$900.00
Employee + One	\$1,875.00	\$1,050.00	\$825.00	\$300.00	\$900.00
Employee + Family	\$2,300.00	\$1,400.00	\$900.00	\$300.00	\$900.00

### Non-Represented Members Confidential/Management

PORAC	Total Premium	County Portion	Employee Deduction	Calendar Year Deductible Member	Deductible Family
Employee Only	\$825.00	\$501.59	\$323.41	\$300.00	\$900.00
Employee + One	\$1,875.00	\$1,003.18	\$871.82	\$300.00	\$900.00
Employee + Family	\$2,300.00	\$1,304.13	\$995.87	\$300.00	\$900.00

**\*\*Probation is also eligible for PACE premiums as well.  
Dental, Vision, and Life (Paid for by The County)**

# Modoc County Retiree Benefit Sheet

## CALENDAR YEAR 2023



### Retiree Premiums

PACE	Total	PEMCHA	Retiree	Calendar Year Deductible	
Anthem PPO 250	Premium	Amount	Amount	Member	Family
Employee Only	\$856.98	\$151.00	\$705.98	\$250.00	\$750.00
Employee + One	\$1,713.97	\$151.00	\$1,562.97	\$250.00	\$750.00
Employee + Family	\$2,228.15	\$151.00	\$2,077.15	\$250.00	\$750.00

#### PACE Anthem PPO 750

Employee Only	\$749.23	\$151.00	\$598.23	\$750.00	\$2,250.00
Employee + One	\$1,498.44	\$151.00	\$1,347.44	\$750.00	\$2,250.00
Employee + Family	\$1,947.98	\$151.00	\$1,796.98	\$750.00	\$2,250.00

#### PACE Anthem EPO 30

Employee Only	\$813.33	\$151.00	\$662.33	None	None
Employee + One	\$1,626.66	\$151.00	\$1,475.66	None	None
Employee + Family	\$2,114.65	\$151.00	\$1,963.65	None	None

#### PACE Anthem HDHP 3000 (High Deductible Health Plan)

Employee Only	\$663.61	\$151.00	\$512.61	\$3,000.00	\$6,000.00
Employee + 1	\$1,327.21	\$151.00	\$1,176.21	\$3,000.00	\$6,000.00
Employee + Family	\$1,725.37	\$151.00	\$1,574.37	\$3,000.00	\$6,000.00

#### BEAM Dental

				Deductible	Annual Max
Employee – Family	\$53.47	\$0.00	\$53.47	\$25/75	\$1,000.00

#### BEAM Vision (VSP)

				Exams Materials	Frames Contacts
Employee – Family	\$15.74	\$0.00	\$15.74	\$10.00	\$200.00