

Modoc County Employee Benefit Sheet

CALENDAR YEAR 2024

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	\$916.97	\$590.81	\$326.16	\$250.00	\$750.00
Employee + One	\$1,833.95	\$1,131.62	\$702.33	\$250.00	\$750.00
Employee + Family	\$2,384.12	\$1,506.10	\$878.02	\$250.00	\$750.00

PACE Anthem PPO 750

Employee Only	\$801.67	\$585.68	\$215.99	\$750.00	\$2,250.00
Employee + One	\$1,603.34	\$1,121.35	\$481.99	\$750.00	\$2,250.00
Employee + Family	\$2,084.34	\$1,492.76	\$591.58	\$750.00	\$2,250.00

PACE Anthem EPO 30

Employee Only	\$870.26	\$588.73	\$281.53	None	None
Employee + One	\$1,740.53	\$1,127.46	\$613.07	None	None
Employee + Family	\$2,262.67	\$1,500.70	\$761.97	None	None

PACE Anthem HDHP 3000 (High Deductible Health Plan)

Employee Only	\$710.06	\$581.60	\$128.46	\$3,000.00	\$6,000.00
Employee + 1	\$1,420.12	\$1,113.20	\$306.92	\$3,000.00	\$6,000.00
Employee + Family	\$1,846.15	\$1,482.16	\$363.99	\$3,000.00	\$6,000.00

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

Beam Dental	\$56.14				
Beam Vision (VSP)	\$16.21				
Life (25,000)	\$3.75				

Modoc County Employee Benefit Sheet

CALENDAR YEAR 2024

Elected Officials



PACE Anthem PPO 250	Total Premium	County Portion	Employee Deduction	Calendar Year Deductible	
				Member	Family
Employee Only	\$916.97	\$650.00	\$266.97	\$250.00	\$750.00
Employee + One	\$1,833.95	\$1,300.00	\$533.95	\$250.00	\$750.00
Employee + Family	\$2,384.12	\$1,690.00	\$694.12	\$250.00	\$750.00

PACE Anthem PPO 750

Employee Only	\$801.67	\$650.00	\$151.67	\$750.00	\$2,250.00
Employee + One	\$1,603.34	\$1,300.00	\$303.34	\$750.00	\$2,250.00
Employee + Family	\$2,084.34	\$1,690.00	\$394.34	\$750.00	\$2,250.00

PACE Anthem EPO 30

Employee Only	\$870.26	\$650.00	\$220.26	None	None
Employee + One	\$1,740.53	\$1,300.00	\$440.53	None	None
Employee + Family	\$2,262.67	\$1,690.00	\$572.67	None	None

PACE Anthem HDHP 3000 (High Deductible Health Plan)

Employee Only	\$710.06	\$650.00	\$ 60.06	\$3,000.00	\$6,000.00
Employee + 1	\$1,420.12	\$1,300.00	\$120.12	\$3,000.00	\$6,000.00
Employee + Family	\$1,846.15	\$1,690.00	\$156.15	\$3,000.00	\$6,000.00

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

Beam Dental	\$56.14				
Beam Vision (VSP)	\$16.21				
Life (25,000)	\$3.75				

Modoc County Employee Benefit Sheet

CALENDAR YEAR 2024

Deputy Sheriff's Association



PORAC	Total Premium	County Portion	Employee Deduction	Calendar Year Deductible	
				Member	Family
Employee Only	\$931.00	\$501.59	\$429.41	\$300.00	\$900.00
Employee + One	\$2,117.00	\$1,003.18	\$1,113.82	\$300.00	\$900.00
Employee + Family	\$2,651.00	\$1,304.13	\$1,346.87	\$300.00	\$900.00

PERS Gold (Previously was Pers Select)

Employee Only	\$914.82	\$501.59	\$413.23	\$1,000.00	\$2,000.00
Employee + One	\$1,829.64	\$1,003.18	\$826.46	\$1,000.00	\$2,000.00
Employee + Family	\$2,378.53	\$1,304.13	\$1,074.40	\$1,000.00	\$2,000.00

PERS Platinum (Previously was Pers Care and Pers Choice)

Employee Only	\$1,314.27	\$501.59	\$812.68	\$500.00	\$1,000.00
Employee + One	\$2,628.54	\$1,003.18	\$1,625.36	\$500.00	\$1,000.00
Employee + Family	\$3,417.10	\$1,304.13	\$2,112.97	\$500.00	\$1,000.00

Pers BlueShield Access EPO

Employee Only	\$1,076.84	\$501.59	\$575.25	\$1,500.00	\$3,000.00
Employee + One	\$2,153.68	\$1,003.18	\$1,150.50	\$1,500.00	\$3,000.00
Employee + Family	\$2,799.78	\$1,304.13	\$1,495.65	\$1,500.00	\$3,000.00

Dental, Vision, and Life (Employee paid up to \$85.00 for Dental and Vision)

Beam Dental	\$56.14				
Beam Vision (VSP)	\$16.21				
Life (45,000)	\$6.75				

Modoc County Employee Benefit Sheet

CALENDAR YEAR 2024

Probation Department General/Exempt-Confidential Management/Appointed At-Will Employees



PORAC	Total Premium	County Portion	Employee Deduction	Calendar Year Deductible Member	Deductible Family
Employee Only	\$931.00	\$550.00	\$381.00	\$300.00	\$900.00
Employee + One	\$2,117.00	\$1,050.00	\$1,067.00	\$300.00	\$900.00
Employee + Family	\$2,651.00	\$1,400.00	\$1,251.00	\$300.00	\$900.00

****Probation is also eligible for PACE premiums as well.**

BEAM Dental				Deductible	Annual Max
Employee – Family	\$56.14	\$0.00	\$56.14	\$25/75	\$1,000.00
BEAM Vision (VSP)				Exams Materials	Frames Contacts
Employee – Family	\$16.21	\$0.00	\$16.21	\$10.00	\$200.00

Modoc County Retiree Benefit Sheet

CALENDAR YEAR 2024



Retiree Premiums

PACE	Total	PEMCHA	Retiree	Calendar Year Deductible	
Anthem PPO 250	Premium	Amount	Amount	Member	Family
Employee Only	\$916.97	\$157.00	\$759.97	\$250.00	\$750.00
Employee + One	\$1,833.95	\$157.00	\$1,676.95	\$250.00	\$750.00
Employee + Family	\$2,384.12	\$157.00	\$2,227.12	\$250.00	\$750.00

PACE Anthem PPO 750

Employee Only	\$801.67	\$157.00	\$644.67	\$750.00	\$2,250.00
Employee + One	\$1,603.34	\$157.00	\$1,446.34	\$750.00	\$2,250.00
Employee + Family	\$2,084.34	\$157.00	\$1,927.34	\$750.00	\$2,250.00

PACE Anthem EPO 30

Employee Only	\$870.26	\$157.00	\$713.26	None	None
Employee + One	\$1,740.53	\$157.00	\$1,583.53	None	None
Employee + Family	\$2,262.67	\$157.00	\$2,105.67	None	None

PACE Anthem HDHP 3000 (High Deductible Health Plan)

Employee Only	\$710.06	\$157.00	\$553.06	\$3,000.00	\$6,000.00
Employee + 1	\$1,420.12	\$157.00	\$1,263.12	\$3,000.00	\$6,000.00
Employee + Family	\$1,846.15	\$157.00	\$1,689.15	\$3,000.00	\$6,000.00

BEAM Dental

				Deductible	Annual Max
Employee – Family	\$56.14	\$0.00	\$56.14	\$25/75	\$1,000.00

BEAM Vision (VSP)

				Exams Materials	Frames Contacts
Employee – Family	\$16.21	\$0.00	\$16.21	\$10.00	\$200.00