



County of Colusa

Elected Department Heads

2025 Benefit Summary

BENEFIT TYPE	DESCRIPTION OF BENEFIT								
CalPERS Retirement Formula – Miscellaneous	Classic: 3% @ 60 New: 2% @ 62								
CalPERS Employee Contribution – Miscellaneous	Classic: 8% New: 7.5%								
Social Security	The County participates in the Social Security Program. Employee share: 6.2% up to \$176,100								
Medicare	Colusa County participates in the Medicare Program. The current employee and employer share is 1.45%.								
State Disability Insurance	Colusa County participates in this the SDI program, the employee rate is 1.2%.								
Cafeteria Plan Contributions	If enrolled in a CalPERS medial insurance plan, the County <u>monthly</u> contributions are as follows: <table> <tr> <th>Coverage Level</th><th>Monthly County Contribution</th></tr> <tr> <td>Employee Only</td><td>\$1,016.13</td></tr> <tr> <td>Employee plus One Dependent</td><td>\$2,032.27</td></tr> <tr> <td>Employee plus Two Dependents</td><td>\$2,641.95</td></tr> </table>	Coverage Level	Monthly County Contribution	Employee Only	\$1,016.13	Employee plus One Dependent	\$2,032.27	Employee plus Two Dependents	\$2,641.95
Coverage Level	Monthly County Contribution								
Employee Only	\$1,016.13								
Employee plus One Dependent	\$2,032.27								
Employee plus Two Dependents	\$2,641.95								
Medical Plan	Colusa County offers several HMO and PPO medical plan options through CalPERS. Specific plans are based on eligibility. See <i>Plans and Rates</i> table on page 3. Currently, the County pays the entire premium for all coverage levels if employees select the CalPERS Gold Plan or Western Health Advantage!								
Dental Plan	Colusa County offers HMO and PPO dental plans with orthodontic coverage through Delta Dental. See <i>Plans and Rates</i> table on page 3.								
Vision	Colusa County offers a vision plan through Vision Service Providers (VSP) Ameritas. The County contributes the full premium for employee only. Enrollment is mandatory at the employee-only level. See <i>Plans and Rates</i> table on page 3.								
Medical Waiver	Employees electing to opt out of the County provided medical plan will receive \$400 cash in-lieu benefit per month with proof of enrollment in alternate eligible plan.								
Health Reimbursement Arrangement	The County contributes \$50.00 per month into an individual IRS qualified Health Reimbursement Arrangement (HRA) account for each active covered employee. This is in addition to any excess cafeteria funds.								

BENEFIT TYPE	DESCRIPTION OF BENEFIT
Life Insurance	The County provides a \$50,000 life insurance policy free of cost to employees (enrollment is mandatory). Employees have the option to purchase additional life insurance for themselves and their dependents, term life and whole life policies available.
Employee Assistance Program	Colusa County offers a confidential counseling program to employees and their dependents with 6 sessions per incident per calendar year.
Deferred Compensation 457(b) Plan	The County offers optional deferred compensation plans through CalPERS Voya and MetLife with matching contributions up to \$100 per month.
Holidays	There are 13 regular holidays plus one non-floating holiday.
Vehicle and Mileage Allowance	\$250 per month flat rate for in-county travel for all Elected Officials (submit for reimbursement for outside county travel).



COUNTY OF COLUSA

2025 RATES

Coverage Period: January 1, 2025 - December 31, 2025

EMPLOYEE GROUP: ELEC DPHD

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 (Blue Shield of CA)	898.51	463.51	1,362.02	927.02	1,640.12	1,205.13
PERS Gold - PPO (Blue Shield of CA)	435.00	0.00	435.00	0.00	435.00	0.00
**Blue Shield - Access+ (HMO) & EPO	591.85	156.85	748.69	313.69	842.79	407.80
**Western Health Advantage	335.33	(99.67)	235.66	(199.34)	175.86	(259.14)
**Anthem HMO Select	678.54	243.53	922.06	487.07	1,068.18	633.19
**Anthem HMO Traditional	922.87	487.87	1,410.73	975.74	1,703.45	1,268.46
**Blue Shield Trio HMO	556.38	121.38	677.76	242.76	750.58	315.59
**United Health Care Alliance	606.29	171.29	777.58	342.58	880.35	445.36
**United Health Care Harmony	426.30	(8.70)	417.59	(17.40)	412.37	(22.62)
**Kaiser HMO	534.44	99.44	633.87	198.88	693.53	258.54
PORAC - (Peace Officers Only)	396.21	(38.79)	626.05	191.06	576.71	141.72

With the significant increase in insurance premiums costs for the 2024 plan year, most employees will have no 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	0.10	41.90	99.30	27.60
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		
	Employee Only	Employee + 1	FAMILY
VISION INSURANCE PLAN NAME			
VISION SERVICE PROVIDERS (VSP)	0.00	6.61	10.37

Vision enrollment is mandatory for all employees.

CASH IN-LIEU AMOUNTS	HIRED	
	Prior to 1/1/13	After 12/31/12
	435.00	400.00

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.