To determine your cost of insurance, first find the chart that pertains to your situation and any of the individual(s) covered by your insurance. Then find the CalPERS Plan in which you are enrolled.

thly Rates				
CalPERS Basic Monthly Rates				
Retiree Only	Retiree & 1 Dependent	Retiree & 2+ Dependents		
935.84	1,871.68	2,433.18		
143.00	143.00	143.00		
792.84	1,728.68	2,290.18		
652.46	1,004.70	1,349.02		
140.38	723.98	941.16		
566.67	1,133.34	1,473.34		
143.00	143.00	143.00		
423.67	990.34	1,330.34		
423.67	921.45	1,240.79		
0.00	68.89	89.55		
1,294.69	2,589.38	3,366.19		
143.00	143.00	143.00		
1,151.69	2,446.38	3,223.19		
652.46	1,004.70	1,349.02		
499.23	1,441.68	1,874.17		
	935.84 143.00 792.84 652.46 140.38 566.67 143.00 423.67 423.67 0.00 1,294.69 143.00 1,151.69 652.46	Retiree OnlyDependent935.841,871.68143.00143.00792.841,728.68652.461,004.70140.38723.98566.671,133.34143.00143.00423.67990.34423.67921.450.0068.891,294.692,589.38143.00143.001,151.692,446.38652.461,004.70		

To determine your cost of insurance, first find the chart that pertains to your situation and any of the individual(s) covered by your insurance. Then find the CalPERS Plan in which you are enrolled.

The retiree and all covered individuals are in Medicare CalPERS Supplement/Managed Medicare Monthly Rates				
PERS Choice Premium	349.97	699.94	1,049.91	
County required minimum paid directly to CalPERS*	143.00	143.00	143.00	
CalPERS deduction from Retiree pension allowance**	206.97	556.94	906.91	
Retiree reimbursement from Shasta County	206.97	556.94	906.91	
Retiree Net Cost of Medical Premiums	0.00	0.00	0.00	
PERS Select Premium	349.97	699.94	1,049.91	
County required minimum paid directly to CalPERS*	143.00	143.00	143.00	
CalPERS deduction from Retiree pension allowance**	206.97	556.94	906.91	
Retiree reimbursement from Shasta County	206.97	556.94	906.91	
Retiree Net Cost of Medical Premiums	0.00	0.00	0.00	
PERS Care Premium	381.25	762.50	1,143.75	
County required minimum paid directly to CalPERS*	143.00	143.00	143.00	
CalPERS deduction from Retiree pension allowance**	238.25	619.50	1,000.75	
Retiree reimbursement from Shasta County	238.25	619.50	1,000.75	
Retiree Net Cost of Medical Premiums	0.00	0.00	0.00	

To determine your cost of insurance, first find the chart that pertains to your situation and any of the individual(s) covered by your insurance. Then find the CalPERS Plan in which you are enrolled.

Retiree is in Medicare with at least one covered dependent who is not in Medicare CalPERS Combination (Basic and Supplement/Managed Medicare) Monthly Rates					
Plan	1 dependent who is not in Medicare	2+ dependents	2+ dependents with at least 1 not in Medicare		
PERS Choice Premium	1,285.81	1,847.31	1,261.44		
County required minimum paid directly to CalPERS*	143.00	143.00	143.00		
CalPERS deduction from Retiree pension allowance**	1,142.81	1,704.31	1,118.44		
Retiree reimbursement from Shasta County	1,004.70	1,349.02	1,118.44		
Retiree Net Cost of Medical Premiums	138.11	355.29	0.00		
PERS Select Premium	916.64	1,256.64	1,039.94		
County required minimum paid directly to CalPERS*	143.00	1,230.04	143.00		
CalPERS deduction from Retiree pension allowance**	773.64	1,113.64	896.94		
Retiree reimbursement from Shasta County		1,113.64	896.94		
Retiree Net Cost of Medical Premiums		0.00	0.00		
PERS Care Premium	1,675.94	2,452.75	1,539.31		
County required minimum paid directly to CalPERS*	143.00	143.00	143.00		
CalPERS deduction from Retiree pension allowance**	1,532.94	2,309.75	1,396.31		
Retiree reimbursement from Shasta County	1,004.70	1,349.02	1,349.02		
Retiree Net Cost of Medical Premiums	528.24	960.73	47.29		

To determine your cost of insurance, first find the chart that pertains to your situation and any of the individual(s) covered by your insurance. Then find the CalPERS Plan in which you are enrolled.

Retiree is <u>not</u> in Medicare with at least one covered dependent who is in Medicare CalPERS Combination (Basic and Supplement/Managed Medicare) Monthly Rates				
PERS Choice Premium	1,285.81	1,635.78	1,847.31	
County required minimum paid directly to CalPERS*	143.00	143.00	143.00	
CalPERS deduction from Retiree pension allowance**	1,142.81	1,492.78	1,704.31	
Retiree reimbursement from Shasta County	1,004.70	1,349.02	1,349.02	
Retiree Net Cost of Medical Premiums	138.11	143.76	355.29	
PERS Select Premium	916.64	1,266.61	1,256.64	
County required minimum paid directly to CalPERS*	143.00	143.00	143.00	
CalPERS deduction from Retiree pension allowance**	773.64	1,123.61	1,113.64	
Retiree reimbursement from Shasta County	773.64	1,123.61	1,113.64	
Retiree Net Cost of Medical Premiums	0.00	0.00	0.00	
PERS Care Premium	1,675.94	2,057.19	2,452.75	
County required minimum paid directly to CalPERS*	143.00	143.00	143.00	
CalPERS deduction from Retiree pension allowance**	1,532.94	1,914.19	2,309.75	
Retiree reimbursement from Shasta County	1,004.70	1,349.02	1,349.02	
Retiree Net Cost of Medical Premiums	528.24	565.17	960.73	