MEDICAL PREMIUMS, COUNTY CONTRIBUTIONS AND RETIREE COST¹

For retirees covered under the PROFESSIONAL PEACE OFFICERS ASSOCIATION (06)

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.

Neither the retiree nor any covered individuals are in Medicare CalPERS Basic Monthly Rates			
PERS Choice Premium	935.84	1,871.68	2,433.18
County required minimum paid directly to CalPERS*	143.00	143.00	143.00
CalPERS deduction from Retiree pension allowance**	792.84	1,728.68	2,290.18
Retiree reimbursement from Shasta County	652.46	1,073.59	1,288.59
Retiree Net Cost of Medical Premiums	140.38	655.09	1,001.59
PERS Select Premium County required minimum paid directly to CalPERS* CalPERS deduction from Retiree pension allowance** Retiree reimbursement from Shasta County Retiree Net Cost of Medical Premiums	566.67 143.00 423.67 423.67 0.00	1,133.34 143.00 990.34 990.34 0.00	1,473.34 143.00 1,330.34 1,288.59 41.75
PERS Care Premium County required minimum paid directly to CalPERS* CalPERS deduction from Retiree pension allowance** Retiree reimbursement from Shasta County Retiree Net Cost of Medical Premiums	1,294.69 143.00 1,151.69 652.46 499.23	2,589.38 143.00 2,446.38 1,073.59 1,372.79	3,366.19 143.00 3,223.19 1,288.59 1,934.60
PORAC Premium	799.00	1,725.00	2,199.00
County required minimum paid directly to CalPERS*	143.00	143.00	143.00
CalPERS deduction from Retiree pension allowance**	656.00	1,582.00	2,056.00
Retiree reimbursement from Shasta County Retiree Net Cost of Medical Premiums	652.46 3.54	1,073.59 508.41	1,288.59 767.41

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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				
Plan	Retiree Only	Retiree & 1 Dependent	Retiree & 2+ Dependents	
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	
Γ				
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	
PORAC Premium	513.00	1,022.00	1,635.00	
County required minimum paid directly to CalPERS*	143.00	143.00	143.00	
CalPERS deduction from Retiree pension allowance**	370.00	879.00	1,492.00	
Retiree reimbursement from Shasta County	370.00	879.00	1,288.59	
Retiree Net Cost of Medical Premiums	0.00	0.00	203.41	

MEDICAL PREMIUMS, COUNTY CONTRIBUTIONS AND RETIREE COST¹

For retirees covered under the PROFESSIONAL PEACE OFFICERS ASSOCIATION (06)

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				
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	1,073.59	1,288.59	1,118.44	
Retiree Net Cost of Medical Premiums	69.22	415.72	0.00	
PERS Select Premium	916.64	1,256.64	1,039.94	
County required minimum paid directly to CalPERS*	143.00	143.00	143.00	
CalPERS deduction from Retiree pension allowance**	773.64	1,113.64	896.94	
Retiree reimbursement from Shasta County	773.64	1,113.64	896.94	
Retiree Net Cost of Medical Premiums	0.00	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	1,073.59	1,288.59	1,288.59	
Retiree Net Cost of Medical Premiums	459.35	1,021.16	107.72	
PORAC Premium	1,439.00	1,913.00	1,496.00	
County required minimum paid directly to CalPERS*	143.00	143.00	143.00	
CalPERS deduction from Retiree pension allowance**	1,296.00	1,770.00	1,353.00	
Retiree reimbursement from Shasta County	1,073.59	1,288.59	1,288.59	
Retiree Net Cost of Medical Premiums	222.41	481.41	64.41	

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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 not in Medicare with at least one covered dependent who is in Medicare				
CalPERS Combination (Basic and Supplement/Managed Medicare) Monthly Rates				
Plan	1 dependent who is in Medicare	2+ dependents who are all in Medicare	2+ dependents with at least 1 in Medicare	
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	1,073.59	1,288.59	1,288.59	
Retiree Net Cost of Medical Premiums	69.22	204.19	415.72	
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	1,073.59	1,288.59	1,288.59	
Retiree Net Cost of Medical Premiums	459.35	625.60	1,021.16	
PORAC Premium	1,308.00	1,825.00	1,782.00	
County required minimum paid directly to CalPERS*	143.00	143.00	143.00	
CalPERS deduction from Retiree pension allowance**	1,165.00	1,682.00	1,639.00	
Retiree reimbursement from Shasta County	1,073.59	1,288.59	1,288.59	
Retiree Net Cost of Medical Premiums	91.41	393.41	350.41	