COUNTY OF SHASTA

MEDICAL PREMIUMS, COUNTY CONTRIBUTIONS AND RETIREE COST¹

For retirees covered under the SUPERVISORY UNIT (08)

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	1,438.57	
Retiree Net Cost of Medical Premiums	140.38	655.09	851.61	
PERS Select Premium	566.67	1,133.34	1,473.34	
County required minimum paid directly to CalPERS*	143.00	143.00	143.00	
CalPERS deduction from Retiree pension allowance**	423.67	990.34	1,330.34	
Retiree reimbursement from Shasta County	423.67	990.34	1,330.34	
Retiree Net Cost of Medical Premiums	0.00	0.00	0.00	
PERS Care Premium	1,294.69	2,589.38	3,366.19	
County required minimum paid directly to CalPERS*	143.00	143.00	143.00	
CalPERS deduction from Retiree pension allowance**	1,151.69	2,446.38	3,223.19	
Retiree reimbursement from Shasta County	652.46	1,073.59	1,438.57	
Retiree Net Cost of Medical Premiums	499.23	1,372.79	1,784.62	

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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				
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	
Γ				
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	

COUNTY OF SHASTA

MEDICAL PREMIUMS, COUNTY CONTRIBUTIONS AND RETIREE COST¹

For retirees covered under the SUPERVISORY UNIT (08)

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	1,438.57	1,118.44	
Retiree Net Cost of Medical Premiums	69.22	265.74	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	1,438.57	1,396.31	
Retiree Net Cost of Medical Premiums	459.35	871.18	0.00	

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For retirees covered under the SUPERVISORY UNIT (08)

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				
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	1,438.57	1,438.57	
Retiree Net Cost of Medical Premiums	69.22	54.21	265.74	
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	1,438.57	1,438.57	
Retiree Net Cost of Medical Premiums	459.35	475.62	871.18	