### **COUNTY OF SHASTA**

## MEDICAL PREMIUMS, COUNTY CONTRIBUTIONS AND RETIREE COST<sup>1</sup>

# For retirees covered under the MID-MANAGEMENT BARGAINING UNIT (33)

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				
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		
792.84	1,004.70	1,349.02		
0.00	723.98	941.16		
566.67 143.00	1,133.34 143.00	1,473.34 143.00		
		1,330.34		
		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		
792.84	1,004.70	1,349.02		
358.85	1,441.68	1,874.17		
	Retiree Only  935.84  143.00  792.84  792.84  0.00  566.67  143.00  423.67  423.67  0.00  1,294.69  143.00  1,151.69  792.84	Retiree & 1  Retiree Only  935.84  1,871.68  143.00  792.84  792.84  792.84  1,004.70  0.00  723.98  566.67  1,133.34  143.00  423.67  990.34  423.67  990.34  423.67  921.45  0.00  68.89  1,294.69  1,294.69  2,589.38  143.00  1,151.69  2,446.38  792.84  1,004.70		

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# For retirees covered under the MID-MANAGEMENT BARGAINING UNIT (33)

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	
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	
	204.25	762.50	4 4 4 2 75	
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	

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## MEDICAL PREMIUMS, COUNTY CONTRIBUTIONS AND RETIREE COST<sup>1</sup>

# For retirees covered under the MID-MANAGEMENT BARGAINING UNIT (33)

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	1,004.70	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	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	1,004.70	1,349.02	1,349.02	
Retiree Net Cost of Medical Premiums	528.24	960.73	47.29	

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## MEDICAL PREMIUMS, COUNTY CONTRIBUTIONS AND RETIREE COST<sup>1</sup>

# For retirees covered under the MID-MANAGEMENT BARGAINING UNIT (33)

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	