ELECTED DEPARTMENT HEADS (11-ELECT)

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 | | | |
|--|-------------------------|---------------------------|-----------------------------|
| Plan | Retiree Only | Retiree & 1 Dependent | Retiree & 2- Dependents |
| PERS Gold Premium | 701.23 | 1,402.46 | 1,823.20 |
| County required minimum paid directly to CalPERS* | 149.00 | 149.00 | 149.00 |
| CalPERS deduction from Retiree pension allowance** | 552.23 | 1,253.46 | 1,674.20 |
| Retiree reimbursement from Shasta County | 552.23 | 1,113.21 | 1,491.88 |
| Retiree Net Cost of Medical Premiums | 0.00 | 140.25 | 182.32 |
| | | | |
| PERS Platinum Premium | 1,057.01 | 2,114.02 | 2,748.23 |
| County required minimum paid directly to CalPERS* | 149.00 | 149.00 | 149.00 |
| CalPERS deduction from Retiree pension allowance** | 908.01 | 1,965.02 | 2,599.23 |
| Retiree reimbursement from Shasta County | 552.23 | 1,113.21 | 1,491.88 |
| Retiree Net Cost of Medical Premiums | 355.78 | 851.81 | 1,107.35 |
| PORAC Premium | 799.00 | 1,725.00 | 2,219.00 |
| County required minimum paid directly to CalPERS* | 149.00 | 149.00 | 149.00 |
| CalPERS deduction from Retiree pension allowance** | 650.00 | 1,576.00 | 2,070.00 |
| Retiree reimbursement from Shasta County | 552.23 | 1,113.21 | 1,491.88 |
| Retiree Net Cost of Medical Premiums | 97.77 | 462.79 | 578.12 |
| | 1 116 01 | 2 222 02 | 2 001 62 |
| BLUE SHIELD (EPO) | 1,116.01 149.00 | 2,232.02 149.00 | 2,901.63 |
| County required minimum paid directly to CalPERS* | 967.01 | | 149.00 |
| CalPERS deduction from Retiree pension allowance** | | 2,083.02 | 2,752.63 |
| Retiree reimbursement from Shasta County Retiree Net Cost of Medical Premiums | 552.23 414.78 | 1,113.21 969.81 | 1,491.88 1,260.75 |

ELECTED DEPARTMENT HEADS (11-ELECT)

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 Gold Premium | 377.41 | 754.82 | 1,132.23 | |
| County required minimum paid directly to CalPERS* | 149.00 | 149.00 | 149.00 | |
| CalPERS deduction from Retiree pension allowance** | 228.41 | 605.82 | 983.23 | |
| Retiree reimbursement from Shasta County | 228.41 | 605.82 | 983.23 | |
| Retiree Net Cost of Medical Premiums | 0.00 | 0.00 | 0.00 | |
| | | | | |
| PERS Platinum Premium | 381.94 | 763.88 | 1,145.82 | |
| County required minimum paid directly to CalPERS* | 149.00 | 149.00 | 149.00 | |
| CalPERS deduction from Retiree pension allowance** | 232.94 | 614.88 | 996.82 | |
| Retiree reimbursement from Shasta County | 232.94 | 614.88 | 996.82 | |
| Retiree Net Cost of Medical Premiums | 0.00 | 0.00 | 0.00 | |
| PORAC Premium | 381.94 | 763.88 | 1,145.82 | |
| County required minimum paid directly to CalPERS* | 149.00 | 149.00 | 149.00 | |
| CalPERS deduction from Retiree pension allowance** | 232.94 | 614.88 | 996.82 | |
| Retiree reimbursement from Shasta County | 232.94 | 614.88 | 996.82 | |
| Retiree Net Cost of Medical Premiums | 0.00 | 0.00 | 0.00 | |
| Γ | | | | |
| BLUE SHIELD (EPO) | 353.11 | 706.22 | 1,059.33 | |
| County required minimum paid directly to CalPERS* | 149.00 | 149.00 | 149.00 | |
| CalPERS deduction from Retiree pension allowance** | 204.11 | 557.22 | 910.33 | |
| Retiree reimbursement from Shasta County | 204.11 | 557.22 | 910.33 | |
| Retiree Net Cost of Medical Premiums | 0.00 | 0.00 | 0.00 | |

ELECTED DEPARTMENT HEADS (11-ELECT)

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 Gold Premium | 1,078.64 | 1,499.38 | 1,175.56 | |
| County required minimum paid directly to CalPERS* | 149.00 | 149.00 | 149.00 | |
| CalPERS deduction from Retiree pension allowance** | 929.64 | 1,350.38 | 1,026.56 | |
| Retiree reimbursement from Shasta County | 929.64 | 1,350.38 | 1,026.56 | |
| Retiree Net Cost of Medical Premiums | 0.00 | 0.00 | 0.00 | |
| PERS Platinum Premium | 1,438.95 | 2,073.16 | 1,398.09 | |
| County required minimum paid directly to CalPERS* | 149.00 | 149.00 | 149.00 | |
| CalPERS deduction from Retiree pension allowance** | 1,289.95 | 1,924.16 | 1,249.09 | |
| Retiree reimbursement from Shasta County | 1,113.21 | 1,491.88 | 1,249.09 | |
| Retiree Net Cost of Medical Premiums | 176.74 | 432.28 | 0.00 | |
| PORAC Premium | 1,439.00 | 1,913.00 | 1,496.00 | |
| County required minimum paid directly to CalPERS* | 149.00 | 149.00 | 149.00 | |
| CalPERS deduction from Retiree pension allowance** | 1,290.00 | 1,764.00 | 1,347.00 | |
| Retiree reimbursement from Shasta County | 1,113.21 | 1,491.88 | 1,347.00 | |
| Retiree Net Cost of Medical Premiums | 176.79 | 272.12 | 0.00 | |
| BLUE SHIELD (EPO) | 1 460 10 | 2 1 2 2 7 2 | 1 275 02 | |
| County required minimum paid directly to CalPERS* | 1,469.12 149.00 | 2,138.73 149.00 | 1,375.83 149.00 | |
| CalPERS deduction from Retiree pension allowance** | 1,320.12 | 1,989.73 | 1,226.83 | |
| Retiree reimbursement from Shasta County | • | 1,491.88 | 1,226.83 | |
| Retiree Net Cost of Medical Premiums | 206.91 | 497.85 | 0.00 | |

ELECTED DEPARTMENT HEADS (11-ELECT)

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 Gold Premium | 1,078.64 | 1,456.05 | 1,499.38 | |
| County required minimum paid directly to CalPERS* | 149.00 | 149.00 | 149.00 | |
| CalPERS deduction from Retiree pension allowance** | 929.64 | 1,307.05 | 1,350.38 | |
| Retiree reimbursement from Shasta County | 929.64 | 1,307.05 | 1,350.38 | |
| Retiree Net Cost of Medical Premiums | 0.00 | 0.00 | 0.00 | |
| PERS Platinum Premium | 1,438.95 | 1,820.89 | 2,073.16 | |
| County required minimum paid directly to CalPERS* | 149.00 | 149.00 | 149.00 | |
| CalPERS deduction from Retiree pension allowance** | 1,289.95 | 1,671.89 | 1,924.16 | |
| Retiree reimbursement from Shasta County | 1,113.21 | 1,491.88 | 1,491.88 | |
| Retiree Net Cost of Medical Premiums | 176.74 | 180.01 | 432.28 | |
| PORAC Premium | 1,308.00 | 1,825.00 | 1,782.00 | |
| County required minimum paid directly to CalPERS* | 149.00 | 149.00 | 149.00 | |
| CalPERS deduction from Retiree pension allowance** | 1,159.00 | 1,676.00 | 1,633.00 | |
| Retiree reimbursement from Shasta County | 1,113.21 | 1,491.88 | 1,491.88 | |
| Retiree Net Cost of Medical Premiums | 45.79 | 184.12 | 141.12 | |
| BLUE SHIELD (EPO) | 1,469.12 | 1,822.23 | 2,138.73 | |
| County required minimum paid directly to CalPERS* | 149.00 | 149.00 | 149.00 | |
| CalPERS deduction from Retiree pension allowance** | 1,320.12 | 1,673.23 | 1,989.73 | |
| Retiree reimbursement from Shasta County | 1,113.21 | 1,491.88 | 1,491.88 | |
| Retiree Net Cost of Medical Premiums | 206.91 | 181.35 | 497.85 | |