## **COUNTY OF SHASTA**

## MEDICAL PREMIUMS, COUNTY CONTRIBUTIONS AND RETIREE COST

#### For retirees covered under the

### **MID-MANAGEMENT BARGAINING UNIT (33-MMBU)**

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 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*	1,037.01	149.00	2,748.23
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
<del>     </del>			<u> </u>
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
BLUE SHIELD (EPO)	1,116.01	2,232.02	2,901.63
County required minimum paid directly to CalPERS*	149.00	149.00	149.00
CalPERS deduction from Retiree pension allowance**	967.01	2,083.02	2,752.63
Retiree reimbursement from Shasta County	552.23	1,113.21	1,491.88
Retiree Net Cost of Medical Premiums	414.78	969.81	1,260.75

#### 2022

## **COUNTY OF SHASTA**

# MEDICAL PREMIUMS, COUNTY CONTRIBUTIONS AND RETIREE COST

#### For retirees covered under the

### **MID-MANAGEMENT BARGAINING UNIT (33-MMBU)**

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	
	204.04	762.00	4 4 4 5 0 2	
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  Retiree Net Cost of Medical Premiums	232.94 <b>0.00</b>	614.88 <b>0.00</b>	996.82 <b>0.00</b>	
Retiree Net Cost of Medical Premiums	0.00	0.00	0.00	
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	

## **COUNTY OF SHASTA**

# MEDICAL PREMIUMS, COUNTY CONTRIBUTIONS AND RETIREE COST

#### For retirees covered under the

### **MID-MANAGEMENT BARGAINING UNIT (33-MMBU)**

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)	1,469.12	2,138.73	1,375.83	
County required minimum paid directly to CalPERS*	149.00	149.00	149.00	
CalPERS deduction from Retiree pension allowance**	1,320.12	1,989.73	1,226.83	
Retiree reimbursement from Shasta County	1,113.21	1,491.88	1,226.83	
Retiree Net Cost of Medical Premiums	206.91	497.85	0.00	

## **COUNTY OF SHASTA**

# MEDICAL PREMIUMS, COUNTY CONTRIBUTIONS AND RETIREE COST

#### For retirees covered under the

### **MID-MANAGEMENT BARGAINING UNIT (33-MMBU)**

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 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	