2023
COUNTY OF SHASTA
MEDICAL PREMIUMS, COUNTY CONTRIBUTIONS AND RETIREE COST[1]
For retirees covered under the
UPEC GENERAL (01-UPEC)
CONFIDENTIAL EMPLOYEES (04)

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	825.61	1,651.22	2,146.59
County required minimum paid directly to CalPERS*	151.00	151.00	151.00
CalPERS deduction from Retiree pension allowance**	674.61	1,500.22	1,995.59
Retiree reimbursement from Shasta County	612.42	1,235.59	1,651.58
Retiree Net Cost of Medical Premiums	**62.19**	**264.63**	**344.01**
PERS Platinum Premium	1,200.12	2,400.24	3,120.31
County required minimum paid directly to CalPERS*	151.00	151.00	151.00
CalPERS deduction from Retiree pension allowance**	1,049.12	2,249.24	2,969.31
Retiree reimbursement from Shasta County	612.42	1,235.59	1,651.58
Retiree Net Cost of Medical Premiums	**436.70**	**1,013.65**	**1,317.73**
BLUE SHIELD (EPO)	1,035.21	2,070.42	2,691.55
County required minimum paid directly to CalPERS*	151.00	151.00	151.00
CalPERS deduction from Retiree pension allowance**	884.21	1,919.42	2,540.55
Retiree reimbursement from Shasta County	612.42	1,235.59	1,651.58
Retiree Net Cost of Medical Premiums	**271.79**	**683.83**	**888.97**

[1]Retirees hired after 01/01/2018 or those hired prior to that date that have opted in to the Shasta County's 401a Plan are eligible only for the County required minimum paid directly to CalPERS*. No reimbursement is applicable, therefore the net cost for such a retiree will be the amount of the CalPERS deduction from Retiree pension allowance**.

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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	392.71	785.42	1,178.13
County required minimum paid directly to CalPERS*	151.00	151.00	151.00
CalPERS deduction from Retiree pension allowance**	241.71	634.42	1,027.13
Retiree reimbursement from Shasta County	241.71	634.42	1,027.13
Retiree Net Cost of Medical Premiums	**0.00**	**0.00**	**0.00**
PERS Platinum Premium	420.02	840.04	1,260.06
County required minimum paid directly to CalPERS*	151.00	151.00	151.00
CalPERS deduction from Retiree pension allowance**	269.02	689.04	1,109.06
Retiree reimbursement from Shasta County	269.02	689.04	1,109.06
Retiree Net Cost of Medical Premiums	**0.00**	**0.00**	**0.00**
BLUE SHIELD (EPO)	361.90	723.80	1,085.70
County required minimum paid directly to CalPERS*	151.00	151.00	151.00
CalPERS deduction from Retiree pension allowance**	210.90	572.80	934.70
Retiree reimbursement from Shasta County	210.90	572.80	934.70
Retiree Net Cost of Medical Premiums	**0.00**	**0.00**	**0.00**

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Plan	1 dependent who is not in Medicare	2+ dependents who are not in Medicare	2+ dependents with at least 1 not in Medicare
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	1,218.32	1,713.69	1,280.79
County required minimum paid directly to CalPERS*	151.00	151.00	151.00
CalPERS deduction from Retiree pension allowance**	1,067.32	1,562.69	1,129.79
Retiree reimbursement from Shasta County	1,067.32	1,562.69	1,129.79
Retiree Net Cost of Medical Premiums	**0.00**	**0.00**	**0.00**
PERS Platinum Premium	1,620.14	2,340.21	1,560.11
County required minimum paid directly to CalPERS*	151.00	151.00	151.00
CalPERS deduction from Retiree pension allowance**	1,469.14	2,189.21	1,409.11
Retiree reimbursement from Shasta County	1,235.59	1,651.58	1,409.11
Retiree Net Cost of Medical Premiums	**233.55**	**537.63**	**0.00**
BLUE SHIELD (EPO)	1,397.11	2,018.24	1,344.93
County required minimum paid directly to CalPERS*	151.00	151.00	151.00
CalPERS deduction from Retiree pension allowance**	1,246.11	1,867.24	1,193.93
Retiree reimbursement from Shasta County	1,235.59	1,651.58	1,193.93
Retiree Net Cost of Medical Premiums	**10.52**	**215.66**	**0.00**

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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 Gold Premium	1,218.32	1,611.03	1,713.69
County required minimum paid directly to CalPERS*	151.00	151.00	151.00
CalPERS deduction from Retiree pension allowance**	1,067.32	1,460.03	1,562.69
Retiree reimbursement from Shasta County	1,067.32	1,460.03	1,562.69
Retiree Net Cost of Medical Premiums	**0.00**	**0.00**	**0.00**
PERS Platinum Premium	1,620.14	2,040.16	2,340.21
County required minimum paid directly to CalPERS*	151.00	151.00	151.00
CalPERS deduction from Retiree pension allowance**	1,469.14	1,889.16	2,189.21
Retiree reimbursement from Shasta County	1,235.59	1,651.58	1,651.58
Retiree Net Cost of Medical Premiums	**233.55**	**237.58**	**537.63**
BLUE SHIELD (EPO)	1,397.11	1,759.01	2,018.24
County required minimum paid directly to CalPERS*	151.00	151.00	151.00
CalPERS deduction from Retiree pension allowance**	1,246.11	1,608.01	1,867.24
Retiree reimbursement from Shasta County	1,235.59	1,608.01	1,651.58
Retiree Net Cost of Medical Premiums	**10.52**	**0.00**	**215.66**

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