COUNTY OF SHASTA

MEDICAL PREMIUMS, COUNTY CONTRIBUTIONS AND RETIREE COST¹

For retirees covered under the

DSA-DEPUTY SHERIFF, SERGEANT/DISTRICT ATTORNEY INVESTIGATORS (02-DSA)
PROFESSIONAL PEACE OFFICERS ASSOCIATION (06-PPOA)
SUPERVISORY UNIT (08-SCEA)

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	
PORAC Premium	825.00	1,875.00	2,300.00	
County required minimum paid directly to CalPERS*	151.00	151.00	151.00	
CalPERS deduction from Retiree pension allowance**	674.00	1,724.00	2,149.00	
Retiree reimbursement from Shasta County	612.42	1,235.59	1,651.58	
Retiree Net Cost of Medical Premiums	61.58	488.41	497.42	
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	

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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	
PORAC Premium	465.00	1,030.00	1,395.00	
County required minimum paid directly to CalPERS*	151.00	151.00	151.00	
CalPERS deduction from Retiree pension allowance**	314.00	879.00	1,244.00	
Retiree reimbursement from Shasta County	314.00	879.00	1,244.00	
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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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				
Plan	1 dependent who is not in Medicare	2+ dependents who are not in Medicare	2+ dependents with at least 1 not in Medicare	
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	•	1,562.69	1,129.79	
Retiree Net Cost of Medical Premiums		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	
PORAC Premium	1 525 00	1 000 00	1 502 00	
County required minimum paid directly to CalPERS*	1,525.00 151.00	1,999.00 151.00	1,582.00 151.00	
CalPERS deduction from Retiree pension allowance**	1,374.00	1,848.00	1,431.00	
Retiree reimbursement from Shasta County	1,235.59	1,651.58	1,431.00	
Retiree Net Cost of Medical Premiums		196.42	0.00	
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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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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 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	
PORAC Premium	1,392.00	1,854.00	1,868.00	
County required minimum paid directly to CalPERS*	151.00	151.00	151.00	
CalPERS deduction from Retiree pension allowance**	1,241.00	1,703.00	1,717.00	
Retiree reimbursement from Shasta County	1,235.59	1,651.58	1,651.58	
Retiree Net Cost of Medical Premiums	5.41	51.42	65.42	
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	