## COUNTY OF SHASTA MEDICAL PREMIUMS, COUNTY CONTRIBUTIONS AND RETIREE COST<sup>1</sup> For retirees covered under the

## DEPUTY SHERIFF'S ASSOCIATION - CORRECTIONAL OFFICERS (09-DSA CO) UPEC PROFESSIONAL UNIT (41-UPEC PROF)

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	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	1,142.22	1,350.19
Retiree Net Cost of Medical Premiums	62.19	358.00	645.40
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	1,142.22	1,350.19
Retiree Net Cost of Medical Premiums	436.70	1,107.02	1,619.12
PORAC (Safety Only)	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	1,142.22	1,350.19
Retiree Net Cost of Medical Premiums	61.58	581.78	798.81
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	1,142.22	1,350.19
Retiree Net Cost of Medical Premiums	271.79	777.20	1,190.36

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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.

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 (Safety Only)	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	1,067.32	1,350.19	1,129.79	
Retiree Net Cost of Medical Premiums	0.00	212.50	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	1,142.22	1,350.19	1,350.19	
Retiree Net Cost of Medical Premiums	326.92	839.02	58.92	
PORAC (Safety Only)	1,525.00	1,999.00	1,582.00	
County required minimum paid directly to CalPERS*	151.00	151.00	151.00	
CalPERS deduction from Retiree pension allowance**	1,374.00	1,848.00	1,431.00	
Retiree reimbursement from Shasta County	1,142.22	1,350.19	1,350.19	
Retiree Net Cost of Medical Premiums	231.78	497.81	80.81	
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	1,142.22	1,350.19	1,193.93	
Retiree Net Cost of Medical Premiums	103.89	517.05	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 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	1,218.32	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	1,350.19	1,350.19	
Retiree Net Cost of Medical Premiums	0.00	109.84	212.50	
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	1,142.22	1,350.19	1,350.19	
Retiree Net Cost of Medical Premiums	326.92	538.97	839.02	
PORAC (Safety Only)	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	1,142.22	1,350.19	1,350.19	
Retiree Net Cost of Medical Premiums	98.78	352.81	366.81	
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	1,142.22	1,350.19	1,350.19	
Retiree Net Cost of Medical Premiums	103.89	257.82	517.05	