COUNTY OF SHASTA MEDICAL PREMIUMS, COUNTY CONTRIBUTIONS AND RETIREE COST¹ For retirees covered under the

DEPUTY SHERIFF'S ASSOCIATION - CORRECTIONAL OFFICERS (09-DSA CO)

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	914.82	1,829.64	2,378.53	
County required minimum paid directly to CalPERS*	157.00	157.00	157.00	
CalPERS deduction from Retiree pension allowance**	757.82	1,672.64	2,221.53	
Retiree reimbursement from Shasta County	651.03	1,236.22	1,444.19	
Retiree Net Cost of Medical Premiums	106.79	436.42	777.34	
PERS Platinum Premium County required minimum paid directly to CalPERS*	1,314.27 157.00	2,628.54 157.00	3,417.10 157.00	
CalPERS deduction from Retiree pension allowance**	1,157.27	2,471.54	3,260.10	
Retiree reimbursement from Shasta County	651.03	1,236.22	1,444.19	
Retiree Net Cost of Medical Premiums	506.24	1,235.32	1,815.91	
PORAC (Safety Only) County required minimum paid directly to CalPERS* CalPERS deduction from Retiree pension allowance** Retiree reimbursement from Shasta County Retiree Net Cost of Medical Premiums	931.00 157.00 774.00 651.03 122.97	2,117.00 157.00 1,960.00 1,236.22 723.78	2,651.00 157.00 2,494.00 1,444.19 1,049.81	
BLUE SHIELD (EPO)	1,076.84	2,153.68	2,799.78	
County required minimum paid directly to CalPERS*	157.00	157.00	157.00	
CalPERS deduction from Retiree pension allowance**	919.84	1,996.68	2,642.78	
Retiree reimbursement from Shasta County Retiree Net Cost of Medical Premiums	651.03 268.81	1,236.22 760.46	1,444.19 1,198.59	

¹Retirees 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**.

COUNTY OF SHASTA MEDICAL PREMIUMS, COUNTY CONTRIBUTIONS AND RETIREE COST¹

For retirees covered under the

DEPUTY SHERIFF'S ASSOCIATION - CORRECTIONAL OFFICERS (09-DSA CO)

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	406.60	813.20	1,219.80	
County required minimum paid directly to CalPERS*	157.00	157.00	157.00	
CalPERS deduction from Retiree pension allowance**	249.60	656.20	1,062.80	
Retiree reimbursement from Shasta County	249.60	656.20	1,062.80	
Retiree Net Cost of Medical Premiums	0.00	0.00	0.00	
PERS Platinum Premium	448.15	896.30	1,344.45	
County required minimum paid directly to CalPERS*	157.00	157.00	157.00	
CalPERS deduction from Retiree pension allowance**	291.15	739.30	1,187.45	
Retiree reimbursement from Shasta County	291.15	739.30	1,187.45	
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*	157.00	157.00	157.00	
CalPERS deduction from Retiree pension allowance**	308.00	873.00	1,238.00	
Retiree reimbursement from Shasta County	308.00	873.00	1,238.00	
Retiree Net Cost of Medical Premiums	0.00	0.00	0.00	
BLUE SHIELD (EPO)	392.68	785.36	1,178.04	
County required minimum paid directly to CalPERS*	157.00	157.00	157.00	
CalPERS deduction from Retiree pension allowance**	235.68	628.36	1,021.04	
Retiree reimbursement from Shasta County	235.68	628.36	1,021.04	
Retiree Net Cost of Medical Premiums	0.00	0.00	0.00	

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For retirees covered under the

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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	1,321.42	1,870.31	1,362.09		
County required minimum paid directly to CalPERS*	157.00	157.00	157.00		
CalPERS deduction from Retiree pension allowance**	1,164.42	1,713.31	1,205.09		
Retiree reimbursement from Shasta County	1,164.42	1,444.19	1,205.09		
Retiree Net Cost of Medical Premiums	0.00	269.12	0.00		
PERS Platinum Premium	1,762.42	2,550.98	1,684.86		
County required minimum paid directly to CalPERS*	157.00	157.00	157.00		
CalPERS deduction from Retiree pension allowance**	1,605.42	2,393.98	1,527.86		
Retiree reimbursement from Shasta County	1,236.22	1,444.19	1,444.19		
Retiree Net Cost of Medical Premiums	369.20	949.79	83.67		
PORAC (Safety Only)	1,651.00	2,185.00	1,564.00		
County required minimum paid directly to CalPERS*	157.00	157.00	157.00		
CalPERS deduction from Retiree pension allowance**	1,494.00	2,028.00	1,407.00		
Retiree reimbursement from Shasta County	1,236.22	1,444.19	1,407.00		
Retiree Net Cost of Medical Premiums	257.78	583.81	0.00		
BLUE SHIELD (EPO)	1,469.52	2,115.62	1,431.46		
County required minimum paid directly to CalPERS*	157.00	157.00	157.00		
CalPERS deduction from Retiree pension allowance**	1,312.52	1,958.62	1,274.46		
Retiree reimbursement from Shasta County	1,236.22	1,444.19	1,274.46		
Retiree Net Cost of Medical Premiums	76.30	514.43	0.00		

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For retirees covered under the

DEPUTY SHERIFF'S ASSOCIATION - CORRECTIONAL OFFICERS (09-DSA CO)

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	1,321.42	1,728.02	1,870.31		
County required minimum paid directly to CalPERS*	157.00	157.00	157.00		
CalPERS deduction from Retiree pension allowance**	1,164.42	1,571.02	1,713.31		
Retiree reimbursement from Shasta County	1,164.42	1,444.19	1,444.19		
Retiree Net Cost of Medical Premiums	0.00	126.83	269.12		
PERS Platinum Premium	1,762.42	2,210.57	2,550.98		
County required minimum paid directly to CalPERS*	157.00	157.00	157.00		
CalPERS deduction from Retiree pension allowance**	1,605.42	2,053.57	2,393.98		
Retiree reimbursement from Shasta County	1,236.22	1,444.19	1,444.19		
Retiree Net Cost of Medical Premiums	369.20	609.38	949.79		
PORAC (Safety Only)	1,396.00	1,961.00	2,185.00		
County required minimum paid directly to CalPERS*	157.00	157.00	157.00		
CalPERS deduction from Retiree pension allowance**	1,239.00	1,804.00	2,028.00		
Retiree reimbursement from Shasta County	1,236.22	1,444.19	1,444.19		
Retiree Net Cost of Medical Premiums	2.78	359.81	583.81		
BLUE SHIELD (EPO)	1,469.52	1,862.20	2,115.62		
County required minimum paid directly to CalPERS*	157.00	157.00	157.00		
CalPERS deduction from Retiree pension allowance**	1,312.52	1,705.20	1,958.62		
Retiree reimbursement from Shasta County	1,236.22	1,444.19	1,444.19		
Retiree Net Cost of Medical Premiums	76.30	261.01	514.43		

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