

2024

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

SHERIFF'S ADMINISTRATION (23-SAA) **
BOARD OF SUPERVISORS (10) **

** Employees hired or promoted into a management position before January 1, 2013, see the Health Insurance Premiums (section 15.10A 3a) of the Shasta County Personnel Rules

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	1,318.80	1,761.55
Retiree Net Cost of Medical Premiums	106.79	353.84	459.98
PERS Platinum Premium	1,314.27	2,628.54	3,417.10
County required minimum paid directly to CalPERS*	157.00	157.00	157.00
CalPERS deduction from Retiree pension allowance**	1,157.27	2,471.54	3,260.10
Retiree reimbursement from Shasta County	651.03	1,318.80	1,761.55
Retiree Net Cost of Medical Premiums	506.24	1,152.74	1,498.55
PORAC Premium	931.00	2,117.00	2,651.00
County required minimum paid directly to CalPERS*	157.00	157.00	157.00
CalPERS deduction from Retiree pension allowance**	774.00	1,960.00	2,494.00
Retiree reimbursement from Shasta County	651.03	1,318.80	1,761.55
Retiree Net Cost of Medical Premiums	122.97	641.20	732.45
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	651.03	1,318.80	1,761.55
Retiree Net Cost of Medical Premiums	268.81	677.88	881.23

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**.

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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	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 Premium	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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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	1,713.31	1,205.09
Retiree Net Cost of Medical Premiums	0.00	0.00	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	1,318.80	1,761.55	1,527.86
Retiree Net Cost of Medical Premiums	286.62	632.43	0.00
PORAC Premium	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	1,318.80	1,761.55	1,407.00
Retiree Net Cost of Medical Premiums	175.20	266.45	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	1,312.52	1,761.55	1,274.46
Retiree Net Cost of Medical Premiums	0.00	197.07	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	1,321.42	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	1,571.02	1,713.31
Retiree Net Cost of Medical Premiums	0.00	0.00	0.00
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	1,318.80	1,761.55	1,761.55
Retiree Net Cost of Medical Premiums	286.62	292.02	632.43
PORAC Premium	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	1,239.00	1,761.55	1,761.55
Retiree Net Cost of Medical Premiums	0.00	42.45	266.45
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	1,312.52	1,705.20	1,761.55
Retiree Net Cost of Medical Premiums	0.00	0.00	197.07

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