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

#### **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				
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	757.82	1,236.22	1,444.19	
Retiree Net Cost of Medical Premiums	0.00	436.42	777.34	
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	757.82	1,236.22	1,444.19	
Retiree Net Cost of Medical Premiums	399.45	1,235.32	1,815.91	
DODAG (Safatu Outle)	931.00	2 117 00	2 651 00	
PORAC (Safety Only)  County required minimum paid directly to CalPERS*	951.00 157.00	2,117.00 157.00	2,651.00 157.00	
CalPERS deduction from Retiree pension allowance**	774.00	1,960.00	2,494.00	
Retiree reimbursement from Shasta County	757.82	1,236.22	1,444.19	
Retiree Net Cost of Medical Premiums	16.18	723.78	1,049.81	
Retiree Net cost of Wedical Fernians	10.10	723.70	1,045.01	
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	757.82	1,236.22	1,444.19	
Retiree Net Cost of Medical Premiums	162.02	760.46	1,198.59	

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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 (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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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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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		1,444.19	1,444.19	
Retiree Net Cost of Medical Premiums	369.20	609.38	949.79	
<u> </u>				
PORAC (Safety Only)	1,396.00	1,961.00	2,185.00	
County required minimum paid directly to CalPERS*		157.00	157.00	
CalPERS deduction from Retiree pension allowance**	1,239.00	1,804.00	2,028.00	
Retiree reimbursement from Shasta County	,	1,444.19	1,444.19	
Retiree Net Cost of Medical Premiums	2.78	359.81	583.81	
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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		1,444.19	1,444.19	
Retiree Net Cost of Medical Premiums	76.30	261.01	514.43	