COUNTY OF SHASTA

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

DSA-DEPUTY SHERIFF, SERGEANT/DISTRICT ATTORNEY INVESTIGATORS (02-DSA)

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	1,013.70	2,027.40	2,635.62
County required minimum paid directly to CalPERS*	158.00	158.00	158.00
CalPERS deduction from Retiree pension allowance**	855.70	1,869.40	2,477.62
Retiree reimbursement from Shasta County	766.49	1,535.69	2,043.80
Retiree Net Cost of Medical Premiums	89.21	333.71	433.82
PERS Platinum Premium	1,476.10	2,952.20	3,837.86
County required minimum paid directly to CalPERS*	158.00	158.00	158.00
CalPERS deduction from Retiree pension allowance**	1,318.10	2,794.20	3,679.86
Retiree reimbursement from Shasta County	766.49	1,535.69	2,043.80
Retiree Net Cost of Medical Premiums	551.61	1,258.51	1,636.06
PORAC Premium (Safety Only)	975.00	2,218.00	2,777.00
County required minimum paid directly to CalPERS*	158.00	158.00	158.00
CalPERS deduction from Retiree pension allowance**	817.00	2,060.00	2,619.00
Retiree reimbursement from Shasta County	766.49	1,535.69	2,043.80
Retiree Net Cost of Medical Premiums	50.51	524.31	575.20
BLUE SHIELD ACCESS (EPO)	1,170.17	2,340.34	3,042.44
County required minimum paid directly to CalPERS*	158.00	158.00	158.00
CalPERS deduction from Retiree pension allowance**	1,012.17	2,182.34	2,884.44
Retiree reimbursement from Shasta County	766.49	1,535.69	2,043.80
Retiree Net Cost of Medical Premiums	245.68	646.65	840.64
BLUE SHIELD TRIO (HMO)	1,134.79	2,269.58	2,950.45
County required minimum paid directly to CalPERS*	158.00	158.00	158.00
CalPERS deduction from Retiree pension allowance**	976.79	2,111.58	2,792.45
Retiree reimbursement from Shasta County	766.49	1,535.69	2,043.80
Retiree Net Cost of Medical Premiums	210.30	575.89	748.65

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The retiree and all covered individuals are in Medicare				
CalPERS Supplement/Managed Medicare Monthly Rates				
		Retiree & 1	Retiree & 2+	
Plan	Retiree Only	Dependent	Dependents	
PERS Gold Premium	546.13	1,092.26	1,638.39	
County required minimum paid directly to CalPERS*	158.00	158.00	158.00	
CalPERS deduction from Retiree pension allowance**	388.13	934.26	1,480.39	
Retiree reimbursement from Shasta County	388.13	934.26	1,480.39	
Retiree Net Cost of Medical Premiums	0.00	0.00	0.00	
PERS Platinum Premium	584.70	1,169.40	1,754.10	
County required minimum paid directly to CalPERS*	158.00	158.00	158.00	
CalPERS deduction from Retiree pension allowance**	426.70	1,011.40	1,596.10	
Retiree reimbursement from Shasta County	426.70	1,011.40	1,596.10	
Retiree Net Cost of Medical Premiums	0.00	0.00	0.00	
PORAC Premium (Safety Only)	507.00	1,123.00	1,521.00	
County required minimum paid directly to CalPERS*	158.00	158.00	158.00	
CalPERS deduction from Retiree pension allowance**	349.00	965.00	1,363.00	
Retiree reimbursement from Shasta County	349.00	965.00	1,363.00	
Retiree Net Cost of Medical Premiums	0.00	0.00	0.00	
BLUE SHIELD ACCESS (EPO)	448.28	896.56	1,344.84	
County required minimum paid directly to CalPERS*	158.00	158.00	158.00	
CalPERS deduction from Retiree pension allowance**	290.28	738.56	1,186.84	
Retiree reimbursement from Shasta County	290.28	738.56	1,186.84	
Retiree Net Cost of Medical Premiums	0.00	0.00	0.00	
BLUE SHIELD TRIO (HMO)	448.28	896.56	1,344.84	
County required minimum paid directly to CalPERS*	158.00	158.00	158.00	
CalPERS deduction from Retiree pension allowance**	290.28	738.56	1,186.84	
Retiree reimbursement from Shasta County	290.28	738.56	1,186.84	
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	1,559.83	2,168.05	1,700.48	
County required minimum paid directly to CalPERS*	158.00	158.00	158.00	
CalPERS deduction from Retiree pension allowance**	1,401.83	2,010.05	1,542.48	
Retiree reimbursement from Shasta County	1,401.83	2,010.05	1,542.48	
Retiree Net Cost of Medical Premiums	0.00	0.00	0.00	
PERS Platinum Premium	2,060.80	2,946.46	2,055.06	
County required minimum paid directly to CalPERS*	158.00	158.00	158.00	
CalPERS deduction from Retiree pension allowance**	1,902.80	2,788.46	1,897.06	
Retiree reimbursement from Shasta County	1,535.69	2,043.80	1,897.06	
Retiree Net Cost of Medical Premiums	367.11	744.66	0.00	
PORAC Premium (Safety Only)	1,750.00	2,309.00	1,678.00	
County required minimum paid directly to CalPERS*	158.00	158.00	158.00	
CalPERS deduction from Retiree pension allowance**	1,592.00	2,151.00	1,520.00	
Retiree reimbursement from Shasta County	1,535.69	2,043.80	1,520.00	
Retiree Net Cost of Medical Premiums	56.31	107.20	0.00	
BLUE SHIELD ACCESS (EPO)	1,618.45	2,320.55	1,598.66	
County required minimum paid directly to CalPERS*	158.00	158.00	158.00	
CalPERS deduction from Retiree pension allowance**	1,460.45	2,162.55	1,440.66	
Retiree reimbursement from Shasta County	1,460.45	2,043.80	1,440.66	
Retiree Net Cost of Medical Premiums	0.00	118.75	0.00	
BLUE SHIELD TRIO (HMO)	1,583.07	2,263.94	1,577.43	
County required minimum paid directly to CalPERS*	158.00	158.00	158.00	
CalPERS deduction from Retiree pension allowance**	1,425.07	2,105.94	1,419.43	
Retiree reimbursement from Shasta County	1,425.07	2,043.80	1,419.43	
Retiree Net Cost of Medical Premiums	0.00	62.14	0.00	

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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	1,559.83	2,105.96	2,168.05	
County required minimum paid directly to CalPERS*	158.00	158.00	158.00	
CalPERS deduction from Retiree pension allowance**	1,401.83	1,947.96	2,010.05	
Retiree reimbursement from Shasta County	1,401.83	1,947.96	2,010.05	
Retiree Net Cost of Medical Premiums	0.00	0.00	0.00	
PERS Platinum Premium	2,060.80	2,645.50	2,946.46	
County required minimum paid directly to CalPERS*	158.00	158.00	158.00	
CalPERS deduction from Retiree pension allowance**	1,902.80	2,487.50	2,788.46	
Retiree reimbursement from Shasta County	1,535.69	2,043.80	2,043.80	
Retiree Net Cost of Medical Premiums	367.11	443.70	744.66	
PORAC Premium (Safety Only)	1,482.00	2,098.00	2,309.00	
County required minimum paid directly to CalPERS*	158.00	158.00	158.00	
CalPERS deduction from Retiree pension allowance**	1,324.00	1,940.00	2,151.00	
Retiree reimbursement from Shasta County	1,324.00	1,940.00	2,043.80	
Retiree Net Cost of Medical Premiums	0.00	0.00	107.20	
BLUE CHIELD ACCESS (FRO)	1 (10 45	2,000,72	2 220 55	
BLUE SHIELD ACCESS (EPO) County required minimum poid directly to ColDEDS*	1,618.45	2,066.73	2,320.55	
County required minimum paid directly to CalPERS* CalPERS deduction from Retiree pension allowance**	158.00 1,460.45	158.00 1,908.73	158.00	
Retiree reimbursement from Shasta County	1,460.45 1,460.45	•	2,162.55	
Retiree Net Cost of Medical Premiums	0.00	1,908.73 0.00	2,043.80 118.75	
Retiree Net Cost of Medical Fremiums	0.00	0.00	118.73	
BLUE SHIELD TRIO (HMO)	1,583.07	2,031.35	2,263.94	
County required minimum paid directly to CalPERS*	158.00	158.00	158.00	
CalPERS deduction from Retiree pension allowance**	1,425.07	1,873.35	2,105.94	
Retiree reimbursement from Shasta County	1,425.07	1,873.35	2,043.80	
Retiree Net Cost of Medical Premiums	0.00	0.00	62.14	