

2025

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 | 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** | 855.70 | 1,869.40 | 2,477.62 |
| Retiree reimbursement from Shasta County | 766.49 | 1,335.22 | 1,543.19 |
| Retiree Net Cost of Medical Premiums | 89.21 | 534.18 | 934.43 |
| 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** | 1,318.10 | 2,794.20 | 3,679.86 |
| Retiree reimbursement from Shasta County | 766.49 | 1,335.22 | 1,543.19 |
| Retiree Net Cost of Medical Premiums | 551.61 | 1,458.98 | 2,136.67 |
| 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** | 817.00 | 2,060.00 | 2,619.00 |
| Retiree reimbursement from Shasta County | 766.49 | 1,335.22 | 1,543.19 |
| Retiree Net Cost of Medical Premiums | 50.51 | 724.78 | 1,075.81 |
| 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** | 1,012.17 | 2,182.34 | 2,884.44 |
| Retiree reimbursement from Shasta County | 766.49 | 1,335.22 | 1,543.19 |
| Retiree Net Cost of Medical Premiums | 245.68 | 847.12 | 1,341.25 |
| 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** | 976.79 | 2,111.58 | 2,792.45 |
| Retiree reimbursement from Shasta County | 766.49 | 1,335.22 | 1,543.19 |
| Retiree Net Cost of Medical Premiums | 210.30 | 776.36 | 1,249.26 |

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 | 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 | 1,543.19 |
| Retiree Net Cost of Medical Premiums | 0.00 | 0.00 | 52.91 |
| 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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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 | 1,559.83 | 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 | 1,335.22 | 1,543.19 | 1,542.48 |
| Retiree Net Cost of Medical Premiums | 66.61 | 466.86 | 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 | 1,335.22 | 1,543.19 | 1,543.19 |
| Retiree Net Cost of Medical Premiums | 567.58 | 1,245.27 | 353.87 |
| 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 | 1,335.22 | 1,543.19 | 1,520.00 |
| Retiree Net Cost of Medical Premiums | 256.78 | 607.81 | 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 | 1,335.22 | 1,543.19 | 1,440.66 |
| Retiree Net Cost of Medical Premiums | 125.23 | 619.36 | 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 | 1,335.22 | 1,543.19 | 1,419.43 |
| Retiree Net Cost of Medical Premiums | 89.85 | 562.75 | 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 | 1,559.83 | 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 | 1,335.22 | 1,543.19 | 1,543.19 |
| Retiree Net Cost of Medical Premiums | 66.61 | 404.77 | 466.86 |
| 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 | 1,335.22 | 1,543.19 | 1,543.19 |
| Retiree Net Cost of Medical Premiums | 567.58 | 944.31 | 1,245.27 |
| 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 | 1,543.19 | 1,543.19 |
| Retiree Net Cost of Medical Premiums | 0.00 | 396.81 | 607.81 |
| BLUE SHIELD ACCESS (EPO) | 1,618.45 | 2,066.73 | 2,320.55 |
| County required minimum paid directly to CalPERS* | 158.00 | 158.00 | 158.00 |
| CalPERS deduction from Retiree pension allowance** | 1,460.45 | 1,908.73 | 2,162.55 |
| Retiree reimbursement from Shasta County | 1,335.22 | 1,543.19 | 1,543.19 |
| Retiree Net Cost of Medical Premiums | 125.23 | 365.54 | 619.36 |
| 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 | 1,335.22 | 1,543.19 | 1,543.19 |
| Retiree Net Cost of Medical Premiums | 89.85 | 330.16 | 562.75 |

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