

2018

COUNTY OF SHASTA

MEDICAL PREMIUMS, COUNTY CONTRIBUTIONS AND RETIREE COST¹

For retirees covered under the
CONFIDENTIAL EMPLOYEES

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 Choice Premium	813.96	1,627.92	2,116.30
County required minimum paid directly to CalPERS*	133.00	133.00	133.00
CalPERS deduction from Retiree pension allowance**	680.96	1,494.92	1,983.30
Retiree reimbursement from Shasta County	558.87	925.15	1,242.60
Retiree Net Cost of Medical Premiums	122.09	569.77	740.71
PERS Select Premium	691.78	1,383.56	1,798.63
County required minimum paid directly to CalPERS*	133.00	133.00	133.00
CalPERS deduction from Retiree pension allowance**	558.78	1,250.56	1,665.63
Retiree reimbursement from Shasta County	558.78	925.15	1,242.60
Retiree Net Cost of Medical Premiums	-	325.41	423.04
PERS Care Premium	866.93	1,733.86	2,254.02
County required minimum paid directly to CalPERS*	133.00	133.00	133.00
CalPERS deduction from Retiree pension allowance**	733.93	1,600.86	2,121.02
Retiree reimbursement from Shasta County	558.87	925.15	1,242.60
Retiree Net Cost of Medical Premiums	175.06	675.71	878.43
PORAC Premium	734.00	1,540.00	1,970.00
County required minimum paid directly to CalPERS*	133.00	133.00	133.00
CalPERS deduction from Retiree pension allowance**	601.00	1,407.00	1,837.00
Retiree reimbursement from Shasta County	558.87	925.15	1,242.60
Retiree Net Cost of Medical Premiums	42.13	481.85	594.41

¹Retirees hired after 01/01/2017 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 Choice Premium	345.97	691.94	1,037.91
County required minimum paid directly to CalPERS*	133.00	133.00	133.00
CalPERS deduction from Retiree pension allowance**	212.97	558.94	904.91
Retiree reimbursement from Shasta County	212.97	558.94	904.91
Retiree Net Cost of Medical Premiums	-	-	-
PERS Select Premium	345.97	691.94	1,037.91
County required minimum paid directly to CalPERS*	133.00	133.00	133.00
CalPERS deduction from Retiree pension allowance**	212.97	558.94	904.91
Retiree reimbursement from Shasta County	212.97	558.94	904.91
Retiree Net Cost of Medical Premiums	-	-	-
PERS Care Premium	382.30	764.60	1,146.90
County required minimum paid directly to CalPERS*	133.00	133.00	133.00
CalPERS deduction from Retiree pension allowance**	249.30	631.60	1,013.90
Retiree reimbursement from Shasta County	249.30	631.60	1,013.90
Retiree Net Cost of Medical Premiums	-	-	-
PORAC Premium	487.00	970.00	1,551.00
County required minimum paid directly to CalPERS*	133.00	133.00	133.00
CalPERS deduction from Retiree pension allowance**	354.00	837.00	1,418.00
Retiree reimbursement from Shasta County	354.00	837.00	1,242.60
Retiree Net Cost of Medical Premiums	-	-	175.41

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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 Choice Premium	1,159.93	1,648.31	1,180.32
County required minimum paid directly to CalPERS*	133.00	133.00	133.00
CalPERS deduction from Retiree pension allowance**	1,026.93	1,515.31	1,047.32
Retiree reimbursement from Shasta County	925.15	1,242.60	1,047.32
Retiree Net Cost of Medical Premiums	101.78	272.72	-
PERS Select Premium	1,037.75	1,452.82	1,107.01
County required minimum paid directly to CalPERS*	133.00	133.00	133.00
CalPERS deduction from Retiree pension allowance**	904.75	1,319.82	974.01
Retiree reimbursement from Shasta County	904.75	1,242.60	974.01
Retiree Net Cost of Medical Premiums	-	77.22	-
PERS Care Premium	1,249.23	1,769.39	1,284.76
County required minimum paid directly to CalPERS*	133.00	133.00	133.00
CalPERS deduction from Retiree pension allowance**	1,116.23	1,636.39	1,151.76
Retiree reimbursement from Shasta County	925.15	1,242.60	1,151.76
Retiree Net Cost of Medical Premiums	191.08	393.80	-
PORAC Premium	1,293.00	1,723.00	1,400.00
County required minimum paid directly to CalPERS*	133.00	133.00	133.00
CalPERS deduction from Retiree pension allowance**	1,160.00	1,590.00	1,267.00
Retiree reimbursement from Shasta County	925.15	1,242.60	1,242.60
Retiree Net Cost of Medical Premiums	234.85	347.41	24.40

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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 Choice Premium	1,159.93	1,505.90	1,648.31
County required minimum paid directly to CalPERS*	133.00	133.00	133.00
CalPERS deduction from Retiree pension allowance**	1,026.93	1,372.90	1,515.31
Retiree reimbursement from Shasta County	925.15	1,242.60	1,242.60
Retiree Net Cost of Medical Premiums	101.78	130.31	272.72
PERS Select Premium	1,037.75	1,383.72	1,452.82
County required minimum paid directly to CalPERS*	133.00	133.00	133.00
CalPERS deduction from Retiree pension allowance**	904.75	1,250.72	1,319.82
Retiree reimbursement from Shasta County	904.75	1,242.60	1,242.60
Retiree Net Cost of Medical Premiums	-	8.12	77.22
PERS Care Premium	1,249.23	1,631.53	1,769.39
County required minimum paid directly to CalPERS*	133.00	133.00	133.00
CalPERS deduction from Retiree pension allowance**	1,116.23	1,498.53	1,636.39
Retiree reimbursement from Shasta County	925.15	1,242.60	1,242.60
Retiree Net Cost of Medical Premiums	191.08	255.94	393.80
PORAC Premium	1,217.00	1,798.00	1,647.00
County required minimum paid directly to CalPERS*	133.00	133.00	133.00
CalPERS deduction from Retiree pension allowance**	1,084.00	1,665.00	1,514.00
Retiree reimbursement from Shasta County	925.15	1,242.60	1,242.60
Retiree Net Cost of Medical Premiums	158.85	422.41	271.41

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