

**Los Angeles Area Regional**

(Los Angeles, San Bernardino and Ventura Counties)

**2015 MTA-RSHP Reimbursement Rates for Retirees Under Age 67**

Plan	Retiree w/MC	Retiree & 1 Dep., both w/MC	Retiree & 1 Dep., only one w/MC	Retiree w/o MC	Retiree & 1 Dep., both w/o MC	Retiree & 2 Dep., all w/o MC
<b>HMO PLANS</b>						
<b>Anthem Select (or Senior Secure)</b>	\$445.38	\$890.76	\$938.78	\$493.40	\$986.80	\$1,282.84
Reimbursement	\$445.38	\$890.76	\$938.78	\$493.40	\$986.80	\$1,011.00
Differential (Amount Not Reimbursed)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$271.84
<b>Anthem Traditional (or Medicare Preferred)</b>	\$445.38	\$890.76	\$1,077.00	\$631.62	\$1,263.24	\$1,642.21
Reimbursement	\$445.38	\$890.76	\$1,011.00	\$631.62	\$1,011.00	\$1,011.00
Differential (Amount Not Reimbursed)	\$0.00	\$0.00	\$66.00	\$0.00	\$252.24	\$631.21
<b>Blue Shield Access + (or 65+)</b>	\$352.63	\$705.26	\$870.50	\$517.87	\$1,035.74	\$1,346.46
Reimbursement	\$352.63	\$705.26	\$870.50	\$517.87	\$1,011.00	\$1,011.00
Differential (Amount Not Reimbursed)	\$0.00	\$0.00	\$0.00	\$0.00	\$24.74	\$335.46
<b>Blue Shield NetValue (or Med Supp)</b>	\$352.63	\$705.26	\$838.04	\$485.41	\$970.82	\$1,262.07
Reimbursement	\$352.63	\$705.26	\$838.04	\$485.41	\$970.82	\$1,011.00
Differential (Amount Not Reimbursed)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$251.07
<b>Health Net Salud y Mas (or Seniority Plus)</b>	\$276.85	\$553.70	\$707.56	\$430.71	\$861.42	\$1,119.85
Reimbursement	\$276.85	\$553.70	\$707.56	\$430.71	\$861.42	\$1,011.00
Differential (Amount Not Reimbursed)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$108.85
<b>Health Net SmartCare</b>	\$276.85	\$553.70	\$845.32	\$568.47	\$1,136.94	\$1,478.02
Reimbursement	\$276.85	\$553.70	\$845.32	\$568.47	\$1,011.00	\$1,011.00
Differential (Amount Not Reimbursed)	\$0.00	\$0.00	\$0.00	\$0.00	\$125.94	\$467.02
<b>Kaiser</b>	\$295.51	\$591.02	\$816.69	\$521.18	\$1,042.36	\$1,355.07
Reimbursement	\$295.51	\$591.02	\$816.69	\$521.18	\$1,011.00	\$1,011.00
Differential (Amount Not Reimbursed)	\$0.00	\$0.00	\$0.00	\$0.00	\$31.36	\$344.07
<b>United Healthcare</b>	\$267.41	\$534.82	\$726.15	\$458.74	\$917.48	\$1,192.72
Reimbursement	\$267.41	\$534.82	\$726.15	\$458.74	\$917.48	\$1,011.00
Differential (Amount Not Reimbursed)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$181.72
<b>PPO PLANS</b>						
<b>PERS Choice (PPO)</b>	\$339.47	\$678.94	\$923.65	\$585.18	\$1,170.36	\$1,521.47
Reimbursement	\$339.47	\$678.94	\$923.65	\$585.18	\$1,011.00	\$1,011.00
Differential (Amount Not Reimbursed)	\$0.00	\$0.00	\$0.00	\$0.00	\$159.36	\$510.47
<b>PERS Select (PPO)</b>	\$339.47	\$678.94	\$915.96	\$576.49	\$1,152.98	\$1,498.87
Reimbursement	\$339.47	\$678.94	\$915.96	\$576.49	\$1,011.00	\$1,011.00
Differential (Amount Not Reimbursed)	\$0.00	\$0.00	\$0.00	\$0.00	\$141.98	\$487.87
<b>PERS Care (PPO)</b>	\$368.76	\$737.52	\$1,015.87	\$647.11	\$1,294.22	\$1,682.49
Reimbursement	\$368.76	\$737.52	\$1,011.00	\$647.11	\$1,011.00	\$1,011.00
Differential (Amount Not Reimbursed)	\$0.00	\$0.00	\$4.87	\$0.00	\$283.22	\$671.49

**Notes:**

1. The maximum reimbursement of insurance premium is \$1,011.00.
2. These rates apply only to retirees that are at less than 67 years of age and that are eligible for District paid retirement benefits.
3. The entire premium for the insurance program you choose will be deducted from your monthly STRS distributions. The reimbursement will be deposited to your Camino Federal Credit Union account.
4. If applicable, the **Minimum Employer Contribution** is not deducted from your STRS statement and is not reimbursed to your credit union account.

## Southern California Regional

(Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, Riverside, San Diego, San Luis Obispo, Santa Barbara & Tulare Counties)

### 2015 MTA-RSHP Reimbursement Rates for Retirees Under Age 67

Plan	Retiree w/MC	Retiree & 1 Dep., both w/MC	Retiree & 1 Dep., only one w/MC	Retiree w/o MC	Retiree & 1 Dep., both w/o MC	Retiree & 2 Dep., all w/o MC
<b>HMO PLANS</b>						
<b>Anthem Select (or Senior Secure)</b>	\$445.38	\$890.76	\$1,099.35	\$653.97	\$1,307.94	\$1,700.32
Reimbursement	\$445.38	\$890.76	\$1,011.00	\$653.97	\$1,011.00	\$1,011.00
Differential (Amount Not Reimbursed)	\$0.00	\$0.00	\$88.35	\$0.00	\$296.94	\$689.32
<b>Anthem Traditional (or Medicare Preferred)</b>	\$445.38	\$890.76	\$1,188.50	\$743.12	\$1,486.24	\$1,932.11
Reimbursement	\$445.38	\$890.76	\$1,011.00	\$743.12	\$1,011.00	\$1,011.00
Differential (Amount Not Reimbursed)	\$0.00	\$0.00	\$177.50	\$0.00	\$475.24	\$921.11
<b>Blue Shield Access + (or 65+)</b>	\$352.63	\$705.26	\$951.29	\$598.66	\$1,197.32	\$1,556.52
Reimbursement	\$352.63	\$705.26	\$951.29	\$598.66	\$1,011.00	\$1,011.00
Differential (Amount Not Reimbursed)	\$0.00	\$0.00	\$0.00	\$0.00	\$186.32	\$545.52
<b>Blue Shield NetValue (or Med Supp)</b>	\$352.63	\$705.26	\$913.72	\$561.09	\$1,122.18	\$1,458.83
Reimbursement	\$352.63	\$705.26	\$913.72	\$561.09	\$1,011.00	\$1,011.00
Differential (Amount Not Reimbursed)	\$0.00	\$0.00	\$0.00	\$0.00	\$111.18	\$447.83
<b>Health Net Salud y Mas (or Seniority Plus)</b>	\$276.85	\$553.70	\$797.44	\$520.59	\$1,041.18	\$1,353.53
Reimbursement	\$276.85	\$553.70	\$797.44	\$520.59	\$1,011.00	\$1,011.00
Differential (Amount Not Reimbursed)	\$0.00	\$0.00	\$0.00	\$0.00	\$30.18	\$342.53
<b>Health Net SmartCare</b>	\$276.85	\$553.70	\$856.73	\$579.88	\$1,159.76	\$1,507.69
Reimbursement	\$276.85	\$553.70	\$856.73	\$579.88	\$1,011.00	\$1,011.00
Differential (Amount Not Reimbursed)	\$0.00	\$0.00	\$0.00	\$0.00	\$148.76	\$496.69
<b>Kaiser</b>	\$295.51	\$591.02	\$875.31	\$579.80	\$1,159.60	\$1,507.48
Reimbursement	\$295.51	\$591.02	\$875.31	\$579.80	\$1,011.00	\$1,011.00
Differential (Amount Not Reimbursed)	\$0.00	\$0.00	\$0.00	\$0.00	\$148.60	\$496.48
<b>United Healthcare</b>	\$267.41	\$534.82	\$716.51	\$449.10	\$898.20	\$1,167.66
Reimbursement	\$267.41	\$534.82	\$716.51	\$449.10	\$898.20	\$1,011.00
Differential (Amount Not Reimbursed)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$156.66
<b>PPO PLANS</b>						
<b>PERS Choice (PPO)</b>	\$339.47	\$678.94	\$933.87	\$594.40	\$1,188.80	\$1,545.44
Reimbursement	\$339.47	\$678.94	\$933.87	\$594.40	\$1,011.00	\$1,011.00
Differential (Amount Not Reimbursed)	\$0.00	\$0.00	\$0.00	\$0.00	\$177.80	\$534.44
<b>PERS Select (PPO)</b>	\$339.47	\$678.94	\$925.05	\$585.58	\$1,171.16	\$1,522.51
Reimbursement	\$339.47	\$678.94	\$925.05	\$585.58	\$1,011.00	\$1,011.00
Differential (Amount Not Reimbursed)	\$0.00	\$0.00	\$0.00	\$0.00	\$160.16	\$511.51
<b>PERS Care (PPO)</b>	\$368.76	\$737.52	\$1,026.08	\$657.32	\$1,314.64	\$1,709.03
Reimbursement	\$368.76	\$737.52	\$1,011.00	\$657.32	\$1,011.00	\$1,011.00
Differential (Amount Not Reimbursed)	\$0.00	\$0.00	\$15.08	\$0.00	\$303.64	\$698.03

**Notes:**

1. The maximum reimbursement of insurance premium is \$1,011.00.
2. These rates apply only to retirees that are at less than 67 years of age and that are eligible for District paid retirement benefits.
3. The entire premium for the insurance program you choose will be deducted from your monthly STRS distributions. The reimbursement will be deposited to your Camino Federal Credit Union account.
4. If applicable, the **Minimum Employer Contribution** is not deducted from your STRS statement and is not reimbursed to your credit union account.

## Northern California Regional

(Alameda, Amador, Contra Costa, Marin, Napa, Nevada, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma, Sutter, Yuba Counties)

### 2015 MTA-RSHP Reimbursement Rates for Retirees Under Age 67

Plan	Retiree w/MC	Retiree & 1 Dep., both w/MC	Retiree & 1 Dep., only one w/MC	Retiree w/o MC	Retiree & 1 Dep., both w/o MC	Retiree & 2 Dep., all w/o MC
<b>HMO PLANS</b>						
<b>Anthem Select (or Senior Secure)</b>	\$445.38	\$890.76	\$1,107.79	\$662.41	\$1,324.82	\$1,722.27
Reimbursement	\$445.38	\$890.76	\$1,011.00	\$662.41	\$1,011.00	\$1,011.00
Differential (Amount Not Reimbursed)	\$0.00	\$0.00	\$96.79	\$0.00	\$313.82	\$711.27
<b>Anthem Traditional (or Medicare Preferred)</b>	\$445.38	\$890.76	\$1,272.95	\$827.57	\$1,655.14	\$2,151.68
Reimbursement	\$445.38	\$890.76	\$1,011.00	\$827.57	\$1,011.00	\$1,011.00
Differential (Amount Not Reimbursed)	\$0.00	\$0.00	\$261.95	\$0.00	\$644.14	\$1,140.68
<b>Blue Shield Access + (or 65+)</b>	\$352.63	\$705.26	\$1,281.50	\$928.87	\$1,857.74	\$2,415.06
Reimbursement	\$352.63	\$705.26	\$1,011.00	\$928.87	\$1,011.00	\$1,011.00
Differential (Amount Not Reimbursed)	\$0.00	\$0.00	\$270.50	\$0.00	\$846.74	\$1,404.06
<b>Blue Shield NetValue (or Med Supp)</b>	\$352.63	\$705.26	\$1,223.23	\$870.60	\$1,741.20	\$2,263.56
Reimbursement	\$352.63	\$705.26	\$1,011.00	\$870.60	\$1,011.00	\$1,011.00
Differential (Amount Not Reimbursed)	\$0.00	\$0.00	\$212.23	\$0.00	\$730.20	\$1,252.56
<b>Health Net Salud y Mas (or Seniority Plus)</b>	NOT AVAILABLE IN NORTHERN CALIFORNIA		NOT AVAILABLE IN NORTHERN CALIFORNIA		NOT AVAILABLE IN NORTHERN CALIFORNIA	
Reimbursement	NOT AVAILABLE IN NORTHERN CALIFORNIA		NOT AVAILABLE IN NORTHERN CALIFORNIA		NOT AVAILABLE IN NORTHERN CALIFORNIA	
Differential (Amount Not Reimbursed)	NOT AVAILABLE IN NORTHERN CALIFORNIA		NOT AVAILABLE IN NORTHERN CALIFORNIA		NOT AVAILABLE IN NORTHERN CALIFORNIA	
<b>Health Net SmartCare</b>	NOT AVAILABLE IN NORTHERN CALIFORNIA		NOT AVAILABLE IN NORTHERN CALIFORNIA		NOT AVAILABLE IN NORTHERN CALIFORNIA	
Reimbursement	NOT AVAILABLE IN NORTHERN CALIFORNIA		NOT AVAILABLE IN NORTHERN CALIFORNIA		NOT AVAILABLE IN NORTHERN CALIFORNIA	
Differential (Amount Not Reimbursed)	NOT AVAILABLE IN NORTHERN CALIFORNIA		NOT AVAILABLE IN NORTHERN CALIFORNIA		NOT AVAILABLE IN NORTHERN CALIFORNIA	
<b>Kaiser</b>	\$295.51	\$591.02	\$1,009.96	\$714.45	\$1,428.90	\$1,857.57
Reimbursement	\$295.51	\$591.02	\$1,009.96	\$714.45	\$1,011.00	\$1,011.00
Differential (Amount Not Reimbursed)	\$0.00	\$0.00	\$0.00	\$0.00	\$417.90	\$846.57
<b>United Healthcare</b>	\$267.41	\$534.82	\$1,118.08	\$850.67	\$1,701.34	\$2,211.74
Reimbursement	\$267.41	\$534.82	\$1,011.00	\$850.67	\$1,011.00	\$1,011.00
Differential (Amount Not Reimbursed)	\$0.00	\$0.00	\$107.08	\$0.00	\$690.34	\$1,200.74
<b>PPO PLANS</b>						
<b>PERS Choice (PPO)</b>	\$339.47	\$678.94	\$1,040.31	\$700.84	\$1,401.68	\$1,822.18
Reimbursement	\$339.47	\$678.94	\$1,011.00	\$700.84	\$1,011.00	\$1,011.00
Differential (Amount Not Reimbursed)	\$0.00	\$0.00	\$29.31	\$0.00	\$390.68	\$811.18
<b>PERS Select (PPO)</b>	\$339.47	\$678.94	\$1,029.90	\$690.43	\$1,380.68	\$1,795.12
Reimbursement	\$339.47	\$678.94	\$1,011.00	\$690.43	\$1,011.00	\$1,011.00
Differential (Amount Not Reimbursed)	\$0.00	\$0.00	\$18.90	\$0.00	\$369.68	\$784.12
<b>PERS Care (PPO)</b>	\$368.76	\$737.52	\$1,143.94	\$775.08	\$1,550.16	\$2,015.21
Reimbursement	\$368.76	\$737.52	\$1,011.00	\$775.08	\$1,011.00	\$1,011.00
Differential (Amount Not Reimbursed)	\$0.00	\$0.00	\$132.94	\$0.00	\$539.16	\$1,004.21

**Notes:**

1. The maximum reimbursement of insurance premium is \$1,011.00.
2. These rates apply only to retirees that are at less than 67 years of age and that are eligible for District paid retirement benefits.
3. The entire premium for the insurance program you choose will be deducted from your monthly STRS distributions. The reimbursement will be deposited to your Camino Federal Credit Union account.
4. If applicable, the **Minimum Employer Contribution** is not deducted from your STRS statement and is not reimbursed to your credit union account.

## Northern California Regional

(Apline, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Plumas, San Benito, Shasta, Sierra, Siskiyou, Stanislaus, Tehama, Trinity, Tuolumne Counties)

### 2015 MTA-RSHP Reimbursement Rates for Retirees Under Age 67

Plan	Retiree w/MC	Retiree & 1 Dep., both w/MC	Retiree & 1 Dep., only one w/MC	Retiree w/o MC	Retiree & 1 Dep., both w/o MC	Retiree & 2 Dep., all w/o MC
<b>HMO PLANS</b>						
<b>Anthem Select (or Senior Secure)</b>	\$445.38	\$890.76	\$1,174.03	\$656.08	\$1,312.16	\$1,705.81
Reimbursement	\$445.38	\$890.76	\$1,011.00	\$656.08	\$1,011.00	\$1,011.00
Differential (Amount Not Reimbursed)	\$0.00	\$0.00	\$163.03	\$0.00	\$301.16	\$694.81
<b>Anthem Traditional (or Medicare Preferred)</b>	\$445.38	\$890.76	\$1,283.86	\$728.65	\$1,457.30	\$1,894.49
Reimbursement	\$445.38	\$890.76	\$1,011.00	\$728.65	\$1,011.00	\$1,011.00
Differential (Amount Not Reimbursed)	\$0.00	\$0.00	\$272.86	\$0.00	\$446.30	\$883.49
<b>Blue Shield Access + (or 65+)</b>	\$352.63	\$705.26	\$1,156.97	\$838.48	\$1,676.96	\$2,180.05
Reimbursement	\$352.63	\$705.26	\$1,011.00	\$838.48	\$1,011.00	\$1,011.00
Differential (Amount Not Reimbursed)	\$0.00	\$0.00	\$145.97	\$0.00	\$665.96	\$1,169.05
<b>Blue Shield NetValue (or Med Supp)</b>	\$352.63	\$705.26	\$1,106.45	\$753.82	\$1,507.64	\$1,959.93
Reimbursement	\$352.63	\$705.26	\$1,011.00	\$753.82	\$1,011.00	\$1,011.00
Differential (Amount Not Reimbursed)	\$0.00	\$0.00	\$95.45	\$0.00	\$496.64	\$948.93
<b>Health Net Salud y Mas (or Seniority Plus)</b>	NOT AVAILABLE IN NORTHERN CALIFORNIA		NOT AVAILABLE IN NORTHERN CALIFORNIA		NOT AVAILABLE IN NORTHERN CALIFORNIA	
Reimbursement	NOT AVAILABLE IN NORTHERN CALIFORNIA		NOT AVAILABLE IN NORTHERN CALIFORNIA		NOT AVAILABLE IN NORTHERN CALIFORNIA	
Differential (Amount Not Reimbursed)	NOT AVAILABLE IN NORTHERN CALIFORNIA		NOT AVAILABLE IN NORTHERN CALIFORNIA		NOT AVAILABLE IN NORTHERN CALIFORNIA	
<b>Health Net SmartCare</b>	NOT AVAILABLE IN NORTHERN CALIFORNIA		NOT AVAILABLE IN NORTHERN CALIFORNIA		NOT AVAILABLE IN NORTHERN CALIFORNIA	
Reimbursement	NOT AVAILABLE IN NORTHERN CALIFORNIA		NOT AVAILABLE IN NORTHERN CALIFORNIA		NOT AVAILABLE IN NORTHERN CALIFORNIA	
Differential (Amount Not Reimbursed)	NOT AVAILABLE IN NORTHERN CALIFORNIA		NOT AVAILABLE IN NORTHERN CALIFORNIA		NOT AVAILABLE IN NORTHERN CALIFORNIA	
<b>Kaiser</b>	\$295.51	\$591.02	\$1,012.49	\$716.98	\$1,433.96	\$1,864.15
Reimbursement	\$295.51	\$591.02	\$1,011.00	\$716.98	\$1,011.00	\$1,011.00
Differential (Amount Not Reimbursed)	\$0.00	\$0.00	\$1.49	\$0.00	\$422.96	\$853.15
<b>United Healthcare</b>	\$267.41	\$534.82	\$944.76	\$677.35	\$1,354.70	\$1,761.11
Reimbursement	\$267.41	\$534.82	\$944.76	\$677.35	\$1,011.00	\$1,011.00
Differential (Amount Not Reimbursed)	\$0.00	\$0.00	\$0.00	\$0.00	\$343.70	\$750.11
<b>PPO PLANS</b>						
<b>PERS Choice (PPO)</b>	\$339.47	\$678.94	\$995.55	\$656.08	\$1,312.16	\$1,705.81
Reimbursement	\$339.47	\$678.94	\$995.55	\$656.08	\$1,011.00	\$1,011.00
Differential (Amount Not Reimbursed)	\$0.00	\$0.00	\$0.00	\$0.00	\$301.16	\$694.81
<b>PERS Select (PPO)</b>	\$339.47	\$678.94	\$985.82	\$646.35	\$1,292.70	\$1,680.51
Reimbursement	\$339.47	\$678.94	\$985.82	\$646.35	\$1,011.00	\$1,011.00
Differential (Amount Not Reimbursed)	\$0.00	\$0.00	\$0.00	\$0.00	\$281.70	\$669.51
<b>PERS Care (PPO)</b>	\$368.76	\$737.52	\$1,094.30	\$725.54	\$1,451.08	\$1,886.40
Reimbursement	\$368.76	\$737.52	\$1,011.00	\$725.54	\$1,011.00	\$1,011.00
Differential (Amount Not Reimbursed)	\$0.00	\$0.00	\$83.30	\$0.00	\$440.08	\$875.40

**Notes:**

1. The maximum reimbursement of insurance premium is \$1,011.00.
2. These rates apply only to retirees that are at less than 67 years of age and that are eligible for District paid retirement benefits.
3. The entire premium for the insurance program you choose will be deducted from your monthly STRS distributions. The reimbursement will be deposited to your Camino Federal Credit Union account.
4. If applicable, the **Minimum Employer Contribution** is not deducted from your STRS statement and is not reimbursed to your credit union account.

**Northern California Regional**  
(El Dorado, Placer, Sacramento, Yolo Counties)

**2015 MTA-RSHP Reimbursement Rates for Retirees Under Age 67**

Plan	Retiree w/MC	Retiree & 1 Dep., both w/MC	Retiree & 1 Dep., only one w/MC	Retiree w/o MC	Retiree & 1 Dep., both w/o MC	Retiree & 2 Dep., all w/o MC
<b>HMO PLANS</b>						
<b>Anthem Select (or Senior Secure)</b>	\$445.38	\$890.76	\$1,256.52	\$811.14	\$1,622.28	\$2,108.96
Reimbursement	\$445.38	\$890.76	\$1,011.00	\$811.14	\$1,011.00	\$1,011.00
Differential (Amount Not Reimbursed)	\$0.00	\$0.00	\$245.52	\$0.00	\$611.28	\$1,097.96
<b>Anthem Traditional (or Medicare Preferred)</b>	\$445.38	\$890.76	\$1,385.54	\$940.16	\$1,880.32	\$2,444.42
Reimbursement	\$445.38	\$890.76	\$1,011.00	\$940.16	\$1,011.00	\$1,011.00
Differential (Amount Not Reimbursed)	\$0.00	\$0.00	\$374.54	\$0.00	\$869.32	\$1,433.42
<b>Blue Shield Access + (or 65+)</b>	\$352.63	\$705.26	\$1,161.85	\$809.22	\$1,618.44	\$2,103.97
Reimbursement	\$352.63	\$705.26	\$1,011.00	\$809.22	\$1,011.00	\$1,011.00
Differential (Amount Not Reimbursed)	\$0.00	\$0.00	\$150.85	\$0.00	\$607.44	\$1,092.97
<b>Blue Shield NetValue (or Med Supp)</b>	\$352.63	\$705.26	\$1,111.08	\$758.45	\$1,516.90	\$1,971.97
Reimbursement	\$352.63	\$705.26	\$1,011.00	\$758.45	\$1,011.00	\$1,011.00
Differential (Amount Not Reimbursed)	\$0.00	\$0.00	\$100.08	\$0.00	\$505.90	\$960.97
<b>Health Net Salud y Mas (or Seniority Plus)</b>	NOT AVAILABLE IN NORTHERN CALIFORNIA		NOT AVAILABLE IN NORTHERN CALIFORNIA		NOT AVAILABLE IN NORTHERN CALIFORNIA	
Reimbursement	NOT AVAILABLE IN NORTHERN CALIFORNIA		NOT AVAILABLE IN NORTHERN CALIFORNIA		NOT AVAILABLE IN NORTHERN CALIFORNIA	
Differential (Amount Not Reimbursed)	NOT AVAILABLE IN NORTHERN CALIFORNIA		NOT AVAILABLE IN NORTHERN CALIFORNIA		NOT AVAILABLE IN NORTHERN CALIFORNIA	
<b>Health Net SmartCare</b>	NOT AVAILABLE IN NORTHERN CALIFORNIA		NOT AVAILABLE IN NORTHERN CALIFORNIA		NOT AVAILABLE IN NORTHERN CALIFORNIA	
Reimbursement	NOT AVAILABLE IN NORTHERN CALIFORNIA		NOT AVAILABLE IN NORTHERN CALIFORNIA		NOT AVAILABLE IN NORTHERN CALIFORNIA	
Differential (Amount Not Reimbursed)	NOT AVAILABLE IN NORTHERN CALIFORNIA		NOT AVAILABLE IN NORTHERN CALIFORNIA		NOT AVAILABLE IN NORTHERN CALIFORNIA	
<b>Kaiser</b>	\$295.51	\$591.02	\$956.47	\$660.96	\$1,321.92	\$1,718.50
Reimbursement	\$295.51	\$591.02	\$956.47	\$660.96	\$1,011.00	\$1,011.00
Differential (Amount Not Reimbursed)	\$0.00	\$0.00	\$0.00	\$0.00	\$310.92	\$707.50
<b>United Healthcare</b>	\$267.41	\$534.82	\$890.86	\$623.45	\$1,246.90	\$1,620.97
Reimbursement	\$267.41	\$534.82	\$890.86	\$623.45	\$1,011.00	\$1,011.00
Differential (Amount Not Reimbursed)	\$0.00	\$0.00	\$0.00	\$0.00	\$235.90	\$609.97
<b>PPO PLANS</b>						
<b>PERS Choice (PPO)</b>	\$339.47	\$678.94	\$1,018.73	\$679.26	\$1,358.52	\$1,766.08
Reimbursement	\$339.47	\$678.94	\$1,011.00	\$679.26	\$1,011.00	\$1,011.00
Differential (Amount Not Reimbursed)	\$0.00	\$0.00	\$7.73	\$0.00	\$347.52	\$755.08
<b>PERS Select (PPO)</b>	\$339.47	\$678.94	\$1,008.63	\$669.16	\$1,338.32	\$1,739.82
Reimbursement	\$339.47	\$678.94	\$1,008.63	\$669.16	\$1,011.00	\$1,011.00
Differential (Amount Not Reimbursed)	\$0.00	\$0.00	\$0.00	\$0.00	\$327.32	\$728.82
<b>PERS Care (PPO)</b>	\$368.76	\$737.52	\$1,119.97	\$751.21	\$1,502.42	\$1,953.15
Reimbursement	\$368.76	\$737.52	\$1,011.00	\$751.21	\$1,011.00	\$1,011.00
Differential (Amount Not Reimbursed)	\$0.00	\$0.00	\$108.97	\$0.00	\$491.42	\$942.15

**Notes:**

1. The maximum reimbursement of insurance premium is \$1,011.00.
2. These rates apply only to retirees that are at less than 67 years of age and that are eligible for District paid retirement benefits.
3. The entire premium for the insurance program you choose will be deducted from your monthly STRS distributions. The reimbursement will be deposited to your Camino Federal Credit Union account.
4. If applicable, the **Minimum Employer Contribution** is not deducted from your STRS statement and is not reimbursed to your credit union account.

**Out of State**  
(Anywhere outside of California within the United States)  
**2015 MTA-RSHP Reimbursement Rates for Retirees Under Age 67**

Plan	Retiree w/MC	Retiree & 1 Dep., both w/MC	Retiree & 1 Dep., only one w/MC	Retiree w/o MC	Retiree & 1 Dep., both w/o MC	Retiree & 2 Dep., all w/o MC
<b>HMO PLANS</b>						
<b>Anthem Select (or Senior Secure)</b> Reimbursement Differential (Amount Not Reimbursed)	NOT AVAILABLE OUT OF STATE		NOT AVAILABLE OUT OF STATE	NOT AVAILABLE OUT OF STATE		
<b>Anthem Traditional (or Medicare Preferred)</b> Reimbursement Differential (Amount Not Reimbursed)	NOT AVAILABLE OUT OF STATE		NOT AVAILABLE OUT OF STATE	NOT AVAILABLE OUT OF STATE		
<b>Blue Shield Access + (or 65+)</b> Reimbursement Differential (Amount Not Reimbursed)	NOT AVAILABLE OUT OF STATE		NOT AVAILABLE OUT OF STATE	NOT AVAILABLE OUT OF STATE		
<b>Blue Shield NetValue (or Med Supp)</b> Reimbursement Differential (Amount Not Reimbursed)	NOT AVAILABLE OUT OF STATE		NOT AVAILABLE OUT OF STATE	NOT AVAILABLE OUT OF STATE		
<b>Health Net Salud y Mas (or Seniority Plus)</b> Reimbursement Differential (Amount Not Reimbursed)	NOT AVAILABLE OUT OF STATE		NOT AVAILABLE OUT OF STATE	NOT AVAILABLE OUT OF STATE		
<b>Health Net SmartCare</b> Reimbursement Differential (Amount Not Reimbursed)	NOT AVAILABLE OUT OF STATE		NOT AVAILABLE OUT OF STATE	NOT AVAILABLE OUT OF STATE		
<b>Kaiser</b> Reimbursement Differential (Amount Not Reimbursed)	\$390.47 \$390.47 \$0.00	\$780.94 \$780.94 \$0.00	\$1,313.25 \$1,011.00 \$302.25	\$922.78 \$922.78 \$0.00	\$1,845.56 \$1,011.00 \$834.56	\$2,399.23 \$1,011.00 \$1,388.23
<b>United Healthcare</b> Reimbursement Differential (Amount Not Reimbursed)	NOT AVAILABLE OUT OF STATE		NOT AVAILABLE OUT OF STATE	NOT AVAILABLE OUT OF STATE		
<b>PPO PLANS</b>						
<b>PERS Choice (PPO)</b> Reimbursement Differential (Amount Not Reimbursed)	\$339.47 \$339.47 \$0.00	\$678.94 \$678.94 \$0.00	\$993.05 \$993.05 \$0.00	\$653.58 \$653.58 \$0.00	\$1,307.16 \$1,011.00 \$296.16	\$1,699.31 \$1,011.00 \$688.31
<b>PERS Select (PPO)</b> Reimbursement Differential (Amount Not Reimbursed)	NOT AVAILABLE OUT OF STATE		NOT AVAILABLE OUT OF STATE	NOT AVAILABLE OUT OF STATE		
<b>PERS Care (PPO)</b> Reimbursement Differential (Amount Not Reimbursed)	\$368.76 \$368.76 \$0.00	\$737.52 \$737.52 \$0.00	\$1,091.50 \$1,011.00 \$80.50	\$722.74 \$722.74 \$0.00	\$1,445.48 \$1,011.00 \$434.48	\$1,879.12 \$1,011.00 \$868.12

**Notes:**

1. The maximum reimbursement of insurance premium is \$1,011.00.
2. These rates apply only to retirees that are at less than 67 years of age and that are eligible for District paid retirement benefits.
3. The entire premium for the insurance program you choose will be deducted from your monthly STRS distributions. The reimbursement will be deposited to your Camino Federal Credit Union account.
4. If applicable, the **Minimum Employer Contribution** is not deducted from your STRS statement and is not reimbursed to your credit union account.