

Los Angeles Area Regional
 (Los Angeles, San Bernardino and Ventura Counties)
2015 MTA-RSHP Reimbursement Rates for Retirees Age 67 and up

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
HMO PLANS						
Anthem Select Reimbursement	NOT AVAILABLE	NOT AVAILABLE		\$543.47	\$1,086.94	\$1,413.02
Differential (Amount Not Reimbursed)				\$543.47	\$555.62	\$555.62
				\$0.00	\$531.32	\$857.40
Anthem Traditional Reimbursement	NOT AVAILABLE	NOT AVAILABLE		\$610.64	\$1,221.28	\$1,587.66
Differential (Amount Not Reimbursed)				\$555.62	\$555.62	\$555.62
				\$55.02	\$665.66	\$1,032.04
Blue Shield Access + Reimbursement	NOT AVAILABLE	NOT AVAILABLE		\$566.53	\$1,133.06	\$1,472.98
Differential (Amount Not Reimbursed)				\$555.62	\$555.62	\$555.62
				\$10.91	\$577.44	\$917.36
Blue Shield NetValue Reimbursement	NOT AVAILABLE	NOT AVAILABLE		\$576.46	\$1,152.92	\$1,498.80
Differential (Amount Not Reimbursed)				\$555.62	\$555.62	\$555.62
				\$20.84	\$597.30	\$943.18
Health Net Salud y Mas Reimbursement	NOT AVAILABLE	NOT AVAILABLE		\$466.11	\$932.22	\$1,211.89
Differential (Amount Not Reimbursed)				\$466.11	\$555.62	\$555.62
				\$0.00	\$376.60	\$656.27
Health Net SmartCare Reimbursement	NOT AVAILABLE	NOT AVAILABLE		\$585.39	\$1,170.78	\$1,522.01
Differential (Amount Not Reimbursed)				\$555.62	\$555.62	\$555.62
				\$29.77	\$615.16	\$966.39
Kaiser Permanente (or Senior Advantage) Reimbursement	\$297.23	\$594.46	\$841.06	\$543.83	\$1,087.66	\$1,413.96
Differential (Amount Not Reimbursed)	\$297.23	\$555.62	\$555.62	\$543.83	\$555.62	\$555.62
	\$0.00	\$38.84	\$285.44	\$0.00	\$532.04	\$858.34
United Healthcare Reimbursement	\$320.98	\$641.96	\$813.22	\$492.24	\$984.48	\$1,279.82
Differential (Amount Not Reimbursed)	\$320.98	\$555.62	\$555.62	\$492.24	\$555.62	\$555.62
	\$0.00	\$86.34	\$257.60	\$0.00	\$428.86	\$724.20
PPO PLANS						
PERS Choice (PPO) Reimbursement	\$366.38	\$732.76	\$965.13	\$598.75	\$1,197.50	\$1,556.75
Differential (Amount Not Reimbursed)	\$366.38	\$555.62	\$555.62	\$555.62	\$555.62	\$555.62
	\$0.00	\$177.14	\$409.51	\$43.13	\$641.88	\$1,001.13
PERS Select (PPO) Reimbursement	\$366.38	\$732.76	\$913.93	\$547.55	\$1,095.10	\$1,423.63
Differential (Amount Not Reimbursed)	\$366.38	\$555.62	\$555.62	\$547.55	\$555.62	\$555.62
	\$0.00	\$177.14	\$358.31	\$0.00	\$539.48	\$868.01
PERS Care (PPO) Reimbursement	\$408.04	\$816.08	\$1,074.95	\$666.91	\$1,333.82	\$1,733.97
Differential (Amount Not Reimbursed)	\$408.04	\$555.62	\$555.62	\$555.62	\$555.62	\$555.62
	\$0.00	\$260.46	\$519.33	\$111.29	\$778.20	\$1,178.35

Notes:

1. The maximum reimbursement of insurance premium is \$555.62.
2. These rates apply only to retirees that are 67 years of age or older 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 Age 67 and up

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
HMO PLANS						
Anthem Select				\$634.75	\$1,269.50	\$1,650.35
Reimbursement	NOT AVAILABLE		NOT AVAILABLE	\$555.62	\$555.62	\$555.62
Differential (Amount Not Reimbursed)				\$79.13	\$713.88	\$1,094.73
Anthem Traditional				\$710.79	\$1,421.58	\$1,848.05
Reimbursement	NOT AVAILABLE		NOT AVAILABLE	\$555.62	\$555.62	\$555.62
Differential (Amount Not Reimbursed)				\$155.17	\$865.96	\$1,292.43
Blue Shield Access +				\$654.87	\$1,309.74	\$1,702.66
Reimbursement	NOT AVAILABLE		NOT AVAILABLE	\$555.62	\$555.62	\$555.62
Differential (Amount Not Reimbursed)				\$99.25	\$754.12	\$1,147.04
Blue Shield NetValue				\$666.35	\$1,332.70	\$1,732.51
Reimbursement	NOT AVAILABLE		NOT AVAILABLE	\$555.62	\$555.62	\$555.62
Differential (Amount Not Reimbursed)				\$110.73	\$777.08	\$1,176.89
Health Net Salud y Mas				\$535.98	\$1,071.96	\$1,393.55
Reimbursement	NOT AVAILABLE		NOT AVAILABLE	\$535.98	\$555.62	\$555.62
Differential (Amount Not Reimbursed)				\$0.00	\$516.34	\$837.93
Health Net SmartCare				\$596.98	\$1,193.96	\$1,552.15
Reimbursement	NOT AVAILABLE		NOT AVAILABLE	\$555.62	\$555.62	\$555.62
Differential (Amount Not Reimbursed)				\$41.36	\$638.34	\$996.53
Kaiser Permanente (or Senior Advantage)	\$297.23	\$594.46	\$902.28	\$605.05	\$1,210.10	\$1,573.13
Reimbursement	\$297.23	\$555.62	\$555.62	\$555.62	\$555.62	\$555.62
Differential (Amount Not Reimbursed)	\$0.00	\$38.84	\$346.66	\$49.43	\$654.48	\$1,017.51
United Healthcare	\$320.98	\$641.96	\$814.97	\$493.99	\$987.98	\$1,284.37
Reimbursement	\$320.98	\$555.62	\$555.62	\$493.99	\$555.62	\$555.62
Differential (Amount Not Reimbursed)	\$0.00	\$86.34	\$259.35	\$0.00	\$432.36	\$728.75
PERS PLANS						
PERS Choice (PPO)	\$366.38	\$732.76	\$1,050.09	\$683.71	\$1,367.42	\$1,777.65
Reimbursement	\$366.38	\$555.62	\$555.62	\$555.62	\$555.62	\$555.62
Differential (Amount Not Reimbursed)	\$0.00	\$177.14	\$494.47	\$128.09	\$811.80	\$1,222.03
PERS Select (PPO)	\$366.38	\$732.76	\$991.58	\$625.20	\$1,250.40	\$1,625.52
Reimbursement	\$366.38	\$555.62	\$555.62	\$555.62	\$555.62	\$555.62
Differential (Amount Not Reimbursed)	\$0.00	\$177.14	\$435.96	\$69.58	\$694.78	\$1,069.90
PERS Care (PPO)	\$408.04	\$816.08	\$1,169.54	\$761.50	\$1,523.00	\$1,979.90
Reimbursement	\$408.04	\$555.62	\$555.62	\$555.62	\$555.62	\$555.62
Differential (Amount Not Reimbursed)	\$0.00	\$260.46	\$613.92	\$205.88	\$967.38	\$1,424.28

Notes:

1. The maximum reimbursement of insurance premium is \$555.62.
2. These rates apply only to retirees that are 67 years of age or older 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 Age 67 and up

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
HMO PLANS						
Anthem Select				\$721.79	\$1,443.58	\$1,876.65
Reimbursement	NOT AVAILABLE	NOT AVAILABLE		\$555.62	\$555.62	\$555.62
Differential (Amount Not Reimbursed)				\$166.17	\$887.96	\$1,321.03
Anthem Traditional				\$855.42	\$1,710.84	\$2,224.09
Reimbursement	NOT AVAILABLE	NOT AVAILABLE		\$555.62	\$555.62	\$555.62
Differential (Amount Not Reimbursed)				\$299.80	\$1,155.22	\$1,668.47
Blue Shield Access +				\$1,016.18	\$2,032.36	\$2,642.07
Reimbursement	NOT AVAILABLE	NOT AVAILABLE		\$555.62	\$555.62	\$555.62
Differential (Amount Not Reimbursed)				\$460.56	\$1,476.74	\$2,086.45
Blue Shield NetValue				\$1,033.86	\$2,067.72	\$2,688.04
Reimbursement	NOT AVAILABLE	NOT AVAILABLE		\$555.62	\$555.62	\$555.62
Differential (Amount Not Reimbursed)				\$478.24	\$1,512.10	\$2,132.42
Health Net Salud y Mas	NOT AVAILABLE IN NORTHERN CALIFORNIA	NOT AVAILABLE IN NORTHERN CALIFORNIA	NOT AVAILABLE IN NORTHERN CALIFORNIA	NOT AVAILABLE IN NORTHERN CALIFORNIA		
Reimbursement						
Differential (Amount Not Reimbursed)						
Health Net SmartCare	NOT AVAILABLE IN NORTHERN CALIFORNIA	NOT AVAILABLE IN NORTHERN CALIFORNIA	NOT AVAILABLE IN NORTHERN CALIFORNIA	NOT AVAILABLE IN NORTHERN CALIFORNIA		
Reimbursement						
Differential (Amount Not Reimbursed)						
Kaiser Permanente (or Senior Advantage)	\$297.23	\$594.46	\$1,043.70	\$746.47	\$1,492.94	\$1,940.82
Reimbursement	\$297.23	\$555.62	\$555.62	\$555.62	\$555.62	\$555.62
Differential (Amount Not Reimbursed)	\$0.00	\$38.84	\$488.08	\$190.85	\$937.32	\$1,385.20
United Healthcare	\$320.98	\$641.96	\$1,276.42	\$955.44	\$1,910.88	\$2,484.14
Reimbursement	\$320.98	\$555.62	\$555.62	\$555.62	\$555.62	\$555.62
Differential (Amount Not Reimbursed)	\$0.00	\$86.34	\$720.80	\$399.82	\$1,355.26	\$1,928.52
PERS PLANS						
PERS Choice (PPO)	\$366.38	\$732.76	\$1,164.74	\$798.36	\$1,596.72	\$2,075.74
Reimbursement	\$366.38	\$555.62	\$555.62	\$555.62	\$555.62	\$555.62
Differential (Amount Not Reimbursed)	\$0.00	\$177.14	\$609.12	\$242.74	\$1,041.10	\$1,520.12
PERS Select (PPO)	\$366.38	\$732.76	\$1,096.45	\$730.07	\$1,460.14	\$1,898.18
Reimbursement	\$366.38	\$555.62	\$555.62	\$555.62	\$555.62	\$555.62
Differential (Amount Not Reimbursed)	\$0.00	\$177.14	\$540.83	\$174.45	\$904.52	\$1,342.56
PERS Care (PPO)	\$408.04	\$816.08	\$1,297.31	\$889.27	\$1,778.54	\$2,312.10
Reimbursement	\$408.04	\$555.62	\$555.62	\$555.62	\$555.62	\$555.62
Differential (Amount Not Reimbursed)	\$0.00	\$260.46	\$741.69	\$333.65	\$1,222.92	\$1,756.48

Notes:

1. The maximum reimbursement of insurance premium is \$555.62.
2. These rates apply only to retirees that are 67 years of age or older 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 Age 67 and up

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
HMO PLANS						
Anthem Select				\$839.10	\$1,678.20	\$2,181.66
Reimbursement	NOT AVAILABLE	NOT AVAILABLE	NOT AVAILABLE	\$555.62	\$555.62	\$555.62
Differential (Amount Not Reimbursed)				\$283.48	\$1,122.58	\$1,626.04
Anthem Traditional				\$964.91	\$1,929.82	\$2,508.77
Reimbursement	NOT AVAILABLE	NOT AVAILABLE	NOT AVAILABLE	\$555.62	\$555.62	\$555.62
Differential (Amount Not Reimbursed)				\$409.29	\$1,374.20	\$1,953.15
Blue Shield Access +				\$879.96	\$1,759.92	\$2,287.90
Reimbursement	NOT AVAILABLE	NOT AVAILABLE	NOT AVAILABLE	\$555.62	\$555.62	\$555.62
Differential (Amount Not Reimbursed)				\$324.34	\$1,204.30	\$1,732.28
Blue Shield NetValue				\$895.17	\$1,790.34	\$2,327.44
Reimbursement	NOT AVAILABLE	NOT AVAILABLE	NOT AVAILABLE	\$555.62	\$555.62	\$555.62
Differential (Amount Not Reimbursed)				\$339.55	\$1,234.72	\$1,771.82
Health Net Salud y Mas	NOT AVAILABLE IN NORTHERN CALIFORNIA	NOT AVAILABLE IN NORTHERN CALIFORNIA	NOT AVAILABLE IN NORTHERN CALIFORNIA	NOT AVAILABLE IN NORTHERN CALIFORNIA		
Reimbursement						
Differential (Amount Not Reimbursed)						
Health Net SmartCare	NOT AVAILABLE IN NORTHERN CALIFORNIA	NOT AVAILABLE IN NORTHERN CALIFORNIA	NOT AVAILABLE IN NORTHERN CALIFORNIA	NOT AVAILABLE IN NORTHERN CALIFORNIA		
Reimbursement						
Differential (Amount Not Reimbursed)						
Kaiser Permanente (or Senior Advantage)	\$297.23	\$594.46	\$1,052.50	\$755.27	\$1,510.54	\$1,963.70
Reimbursement	\$297.23	\$555.62	\$555.62	\$555.62	\$555.62	\$555.62
Differential (Amount Not Reimbursed)	\$0.00	\$38.84	\$496.88	\$199.65	\$954.92	\$1,408.08
United Healthcare	\$320.98	\$641.96	\$1,115.78	\$794.80	\$1,589.60	\$2,066.48
Reimbursement	\$320.98	\$555.62	\$555.62	\$555.62	\$555.62	\$555.62
Differential (Amount Not Reimbursed)	\$0.00	\$86.34	\$560.16	\$239.18	\$1,033.98	\$1,510.86
PERS PLANS						
PERS Choice (PPO)	\$366.38	\$732.76	\$1,161.95	\$795.57	\$1,591.14	\$2,068.48
Reimbursement	\$366.38	\$555.62	\$555.62	\$555.62	\$555.62	\$555.62
Differential (Amount Not Reimbursed)	\$0.00	\$177.14	\$606.33	\$239.95	\$1,035.52	\$1,512.86
PERS Select (PPO)	\$366.38	\$732.76	\$1,093.85	\$727.47	\$1,454.94	\$1,891.42
Reimbursement	\$366.38	\$555.62	\$555.62	\$555.62	\$555.62	\$555.62
Differential (Amount Not Reimbursed)	\$0.00	\$177.14	\$538.23	\$171.85	\$899.32	\$1,335.80
PERS Care (PPO)	\$408.04	\$816.08	\$1,294.19	\$886.15	\$1,772.30	\$2,303.99
Reimbursement	\$408.04	\$555.62	\$555.62	\$555.62	\$555.62	\$555.62
Differential (Amount Not Reimbursed)	\$0.00	\$260.46	\$738.57	\$330.53	\$1,216.68	\$1,748.37

Notes:

1. The maximum reimbursement of insurance premium is \$555.62.
2. These rates apply only to retirees that are 67 years of age or older 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 Age 67 and up

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
HMO PLANS						
Anthem Select				\$902.07	\$1,804.14	\$2,345.38
Reimbursement	NOT AVAILABLE	NOT AVAILABLE	NOT AVAILABLE	\$555.62	\$555.62	\$555.62
Differential (Amount Not Reimbursed)				\$346.45	\$1,248.52	\$1,789.76
Anthem Traditional				\$1,112.54	\$2,225.08	\$2,892.60
Reimbursement	NOT AVAILABLE	NOT AVAILABLE	NOT AVAILABLE	\$555.62	\$555.62	\$555.62
Differential (Amount Not Reimbursed)				\$556.92	\$1,669.46	\$2,336.98
Blue Shield Access +				\$885.33	\$1,770.66	\$2,301.86
Reimbursement	NOT AVAILABLE	NOT AVAILABLE	NOT AVAILABLE	\$555.62	\$555.62	\$555.62
Differential (Amount Not Reimbursed)				\$329.71	\$1,215.04	\$1,746.24
Blue Shield NetValue				\$900.73	\$1,801.46	\$2,341.90
Reimbursement	NOT AVAILABLE	NOT AVAILABLE	NOT AVAILABLE	\$555.62	\$555.62	\$555.62
Differential (Amount Not Reimbursed)				\$345.11	\$1,245.84	\$1,786.28
Health Net Salud y Mas	NOT AVAILABLE IN NORTHERN CALIFORNIA	NOT AVAILABLE IN NORTHERN CALIFORNIA	NOT AVAILABLE IN NORTHERN CALIFORNIA	NOT AVAILABLE IN NORTHERN CALIFORNIA		
Reimbursement						
Differential (Amount Not Reimbursed)						
Health Net SmartCare	NOT AVAILABLE IN NORTHERN CALIFORNIA	NOT AVAILABLE IN NORTHERN CALIFORNIA	NOT AVAILABLE IN NORTHERN CALIFORNIA	\$747.55	\$1,495.10	\$1,943.63
Reimbursement				\$555.62	\$555.62	\$555.62
Differential (Amount Not Reimbursed)				\$191.93	\$939.48	\$1,388.01
Kaiser Permanente (or Senior Advantage)	\$297.23	\$594.46	\$992.34	\$695.11	\$1,390.22	\$1,807.29
Reimbursement	\$297.23	\$555.62	\$555.62	\$555.62	\$555.62	\$555.62
Differential (Amount Not Reimbursed)	\$0.00	\$38.84	\$436.72	\$139.49	\$834.60	\$1,251.67
United Healthcare	\$320.98	\$641.96	\$1,007.34	\$686.36	\$1,372.72	\$1,784.54
Reimbursement	\$320.98	\$555.62	\$555.62	\$555.62	\$555.62	\$555.62
Differential (Amount Not Reimbursed)	\$0.00	\$86.34	\$451.72	\$130.74	\$817.10	\$1,228.92
PERS Choice (PPO)	\$366.38	\$732.76	\$1,093.96	\$727.58	\$1,455.16	\$1,891.71
Reimbursement	\$366.38	\$555.62	\$555.62	\$555.62	\$555.62	\$555.62
Differential (Amount Not Reimbursed)	\$0.00	\$177.14	\$538.34	\$171.96	\$899.54	\$1,336.09
PERS Select (PPO)	\$366.38	\$732.76	\$1,031.73	\$665.35	\$1,330.70	\$1,729.91
Reimbursement	\$366.38	\$555.62	\$555.62	\$555.62	\$555.62	\$555.62
Differential (Amount Not Reimbursed)	\$0.00	\$177.14	\$476.11	\$109.73	\$775.08	\$1,174.29
PERS Care (PPO)	\$408.04	\$816.08	\$1,218.44	\$810.40	\$1,620.80	\$2,107.04
Reimbursement	\$408.04	\$555.62	\$555.62	\$555.62	\$555.62	\$555.62
Differential (Amount Not Reimbursed)	\$0.00	\$260.46	\$662.82	\$254.78	\$1,065.18	\$1,551.42

Notes:

1. The maximum reimbursement of insurance premium is \$555.62.
2. These rates apply only to retirees that are 67 years of age or older 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 Age 67 and up

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
HMO PLANS						
Anthem Select Reimbursement Differential (Amount Not Reimbursed)	NOT AVAILABLE OUT OF STATE		NOT AVAILABLE OUT OF STATE	NOT AVAILABLE OUT OF STATE		
Anthem Traditional Reimbursement Differential (Amount Not Reimbursed)	NOT AVAILABLE OUT OF STATE		NOT AVAILABLE OUT OF STATE	NOT AVAILABLE OUT OF STATE		
Blue Shield Access + Reimbursement Differential (Amount Not Reimbursed)	NOT AVAILABLE OUT OF STATE		NOT AVAILABLE OUT OF STATE	NOT AVAILABLE OUT OF STATE		
Blue Shield NetValue Reimbursement Differential (Amount Not Reimbursed)	NOT AVAILABLE OUT OF STATE		NOT AVAILABLE OUT OF STATE	NOT AVAILABLE OUT OF STATE		
Health Net Salud y Mas Reimbursement Differential (Amount Not Reimbursed)	NOT AVAILABLE OUT OF STATE		NOT AVAILABLE OUT OF STATE	NOT AVAILABLE OUT OF STATE		
Health Net SmartCare Reimbursement Differential (Amount Not Reimbursed)	NOT AVAILABLE OUT OF STATE		NOT AVAILABLE OUT OF STATE	NOT AVAILABLE OUT OF STATE		
Kaiser Permanente (or Senior Advantage) Reimbursement Differential (Amount Not Reimbursed)	\$297.23 \$297.23 \$0.00	\$594.46 \$555.62 \$38.84	\$1,227.52 \$555.62 \$671.90	\$930.29 \$555.62 \$374.67	\$1,860.58 \$555.62 \$1,304.96	\$2,418.75 \$555.62 \$1,863.13
United Healthcare Reimbursement Differential (Amount Not Reimbursed)	NOT AVAILABLE OUT OF STATE		NOT AVAILABLE OUT OF STATE	NOT AVAILABLE OUT OF STATE		
PPO PLANS						
PERS Choice (PPO) Reimbursement Differential (Amount Not Reimbursed)	\$366.38 \$366.38 \$0.00	\$732.76 \$555.62 \$177.14	\$991.69 \$555.62 \$436.07	\$625.31 \$555.62 \$69.69	\$1,250.62 \$555.62 \$695.00	\$1,625.81 \$555.62 \$1,070.19
PERS Select (PPO) Reimbursement Differential (Amount Not Reimbursed)	NOT AVAILABLE OUT OF STATE		NOT AVAILABLE OUT OF STATE	NOT AVAILABLE OUT OF STATE		
PERS Care (PPO) Reimbursement Differential (Amount Not Reimbursed)	\$408.04 \$408.04 \$0.00	\$816.08 \$555.62 \$260.46	\$1,104.53 \$555.62 \$548.91	\$696.49 \$555.62 \$140.87	\$1,392.98 \$555.62 \$837.36	\$1,810.87 \$555.62 \$1,255.25

Notes:

1. The maximum reimbursement of insurance premium is \$555.62.
2. These rates apply only to retirees that are 67 years of age or older 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.