

Los Angeles Area Regional

(Los Angeles, San Bernardino and Ventura Counties)

2017 MTA-RSHP Reimbursement Rates for Retirees Age 67 and Over

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				\$592.78	\$1,185.56	\$1,541.23
Reimbursement	NOT AVAILABLE		NOT AVAILABLE	\$500.00	\$500.00	\$500.00
Differential (Amount Not Reimbursed)				\$92.78	\$685.56	\$1,041.23
Anthem Traditional				\$713.69	\$1,427.38	\$1,855.59
Reimbursement	NOT AVAILABLE		NOT AVAILABLE	\$500.00	\$500.00	\$500.00
Differential (Amount Not Reimbursed)				\$213.69	\$927.38	\$1,355.59
Blue Shield Access +				\$675.98	\$1,351.96	\$1,757.55
Reimbursement	NOT AVAILABLE		NOT AVAILABLE	\$500.00	\$500.00	\$500.00
Differential (Amount Not Reimbursed)				\$175.98	\$851.96	\$1,257.55
Health Net Salud y Mas				\$414.79	\$829.58	\$1,078.45
Reimbursement	NOT AVAILABLE		NOT AVAILABLE	\$414.79	\$500.00	\$500.00
Differential (Amount Not Reimbursed)				\$0.00	\$329.58	\$578.45
Health Net SmartCare				\$526.73	\$1,053.46	\$1,369.50
Reimbursement	NOT AVAILABLE		NOT AVAILABLE	\$500.00	\$500.00	\$500.00
Differential (Amount Not Reimbursed)				\$26.73	\$553.46	\$869.50
Kaiser Permanente (or Senior Advantage)	\$300.48	\$600.96	\$901.44	\$573.89	\$1,147.78	\$1,492.11
Reimbursement	\$300.48	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00
Differential (Amount Not Reimbursed)	\$0.00	\$100.96	\$401.44	\$73.89	\$647.78	\$992.11
United Healthcare	\$324.21	\$648.42	\$972.63	\$545.71	\$1,091.42	\$1,418.85
Reimbursement	\$324.21	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00
Differential (Amount Not Reimbursed)	\$0.00	\$148.42	\$472.63	\$45.71	\$591.42	\$918.85
PPO PLANS						
PERS Choice (PPO)	\$353.63	\$707.26	\$1,060.89	\$637.53	\$1,275.06	\$1,657.58
Reimbursement	\$353.63	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00
Differential (Amount Not Reimbursed)	\$0.00	\$207.26	\$560.89	\$137.53	\$775.06	\$1,157.58
PERS Select (PPO)	\$353.63	\$707.26	\$1,060.89	\$565.33	\$1,130.66	\$1,469.86
Reimbursement	\$353.63	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00
Differential (Amount Not Reimbursed)	\$0.00	\$207.26	\$560.89	\$65.33	\$630.66	\$969.86
PERS Care (PPO)	\$389.76	\$779.52	\$1,169.28	\$715.88	\$1,431.76	\$1,861.29
Reimbursement	\$389.76	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00
Differential (Amount Not Reimbursed)	\$0.00	\$279.52	\$669.28	\$215.88	\$931.76	\$1,361.29

Notes:

1. The maximum reimbursement of insurance premium is \$500.00.
2. These rates apply only to retirees that are 67 years of age or more and eligible for MTA-RSHP 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)

2017 MTA-RSHP Reimbursement Rates for Retirees Age 67 and Over

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				\$659.03	\$1,318.06	\$1,713.48
Reimbursement	NOT AVAILABLE	NOT AVAILABLE	NOT AVAILABLE	\$500.00	\$500.00	\$500.00
Differential (Amount Not Reimbursed)				\$159.03	\$818.06	\$1,213.48
Anthem Traditional				\$799.15	\$1,598.30	\$2,077.79
Reimbursement	NOT AVAILABLE	NOT AVAILABLE	NOT AVAILABLE	\$500.00	\$500.00	\$500.00
Differential (Amount Not Reimbursed)				\$299.15	\$1,098.30	\$1,577.79
Blue Shield Access +				\$778.45	\$1,556.90	\$2,023.97
Reimbursement	NOT AVAILABLE	NOT AVAILABLE	NOT AVAILABLE	\$500.00	\$500.00	\$500.00
Differential (Amount Not Reimbursed)				\$278.45	\$1,056.90	\$1,523.97
Health Net Salud y Mas				\$473.46	\$946.92	\$1,231.00
Reimbursement	NOT AVAILABLE	NOT AVAILABLE	NOT AVAILABLE	\$473.46	\$500.00	\$500.00
Differential (Amount Not Reimbursed)				\$0.00	\$446.92	\$731.00
Health Net SmartCare				\$537.20	\$1,074.40	\$1,396.72
Reimbursement	NOT AVAILABLE	NOT AVAILABLE	NOT AVAILABLE	\$500.00	\$500.00	\$500.00
Differential (Amount Not Reimbursed)				\$37.20	\$574.40	\$896.72
Kaiser Permanente (or Senior Advantage)	\$300.48	\$600.96	\$901.44	\$599.54	\$1,199.08	\$1,558.80
Reimbursement	\$300.48	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00
Differential (Amount Not Reimbursed)	\$0.00	\$100.96	\$401.44	\$99.54	\$699.08	\$1,058.80
United Healthcare	\$324.21	\$648.42	\$972.63	\$549.76	\$1,099.52	\$1,429.38
Reimbursement	\$324.21	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00
Differential (Amount Not Reimbursed)	\$0.00	\$148.42	\$472.63	\$49.76	\$599.52	\$929.38
PERS Choice (PPO)	\$353.63	\$707.26	\$1,060.89	\$714.43	\$1,428.62	\$1,857.52
Reimbursement	\$353.63	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00
Differential (Amount Not Reimbursed)	\$0.00	\$207.26	\$560.89	\$214.43	\$928.62	\$1,357.52
PERS Select (PPO)	\$353.63	\$707.26	\$1,060.89	\$633.46	\$1,266.92	\$1,647.00
Reimbursement	\$353.63	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00
Differential (Amount Not Reimbursed)	\$0.00	\$207.26	\$560.89	\$133.46	\$766.92	\$1,147.00
PERS Care (PPO)	\$389.76	\$779.52	\$1,169.28	\$802.24	\$1,604.48	\$2,085.82
Reimbursement	\$389.76	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00
Differential (Amount Not Reimbursed)	\$0.00	\$279.52	\$669.28	\$302.24	\$1,104.48	\$1,585.82

Notes:

1. The maximum reimbursement of insurance premium is \$500.00.
2. These rates apply only to retirees that are 67 years of age or more and eligible for MTA-RSHP 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)

2017 MTA-RSHP Reimbursement Rates for Retirees Age 67 and Over

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				\$783.46	\$1,566.92	\$2,037.00
Reimbursement	NOT AVAILABLE		NOT AVAILABLE	\$500.00	\$500.00	\$500.00
Differential (Amount Not Reimbursed)				\$283.46	\$1,066.92	\$1,537.00
Anthem Traditional				\$990.05	\$1,980.10	\$2,574.13
Reimbursement	NOT AVAILABLE		NOT AVAILABLE	\$500.00	\$500.00	\$500.00
Differential (Amount Not Reimbursed)				\$490.05	\$1,480.10	\$2,074.13
Blue Shield Access +				\$1,024.85	\$2,049.70	\$2,664.61
Reimbursement	NOT AVAILABLE		NOT AVAILABLE	\$500.00	\$500.00	\$500.00
Differential (Amount Not Reimbursed)				\$524.85	\$1,549.70	\$2,164.61
Health Net SmartCare				\$672.66	\$1,345.32	\$1,748.92
Reimbursement	NOT AVAILABLE IN NORTHERN CALIFORNIA		NOT AVAILABLE IN NORTHERN CALIFORNIA	\$500.00	\$500.00	\$500.00
Differential (Amount Not Reimbursed)				\$172.66	\$845.32	\$1,248.92
Kaiser Permanente (or Senior Advantage)	\$300.48	\$600.96	\$901.44	\$690.56	\$1,381.12	\$1,795.46
Reimbursement	\$300.48	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00
Differential (Amount Not Reimbursed)	\$0.00	\$100.96	\$401.44	\$190.56	\$881.12	\$1,295.46
United Healthcare	\$324.21	\$648.42	\$972.63	\$756.78	\$1,513.56	\$1,967.63
Reimbursement	\$324.21	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00
Differential (Amount Not Reimbursed)	\$0.00	\$148.42	\$472.63	\$256.78	\$1,013.56	\$1,467.63
PERS PLANS						
PERS Choice (PPO)	\$353.63	\$707.26	\$1,060.89	\$830.30	\$1,660.60	\$2,158.78
Reimbursement	\$353.63	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00
Differential (Amount Not Reimbursed)	\$0.00	\$207.26	\$560.89	\$330.30	\$1,160.60	\$1,658.78
PERS Select (PPO)	\$353.63	\$707.26	\$1,060.89	\$736.27	\$1,472.54	\$1,914.30
Reimbursement	\$353.63	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00
Differential (Amount Not Reimbursed)	\$0.00	\$207.26	\$560.89	\$236.27	\$972.54	\$1,414.30
PERS Care (PPO)	\$389.76	\$779.52	\$1,169.28	\$932.39	\$1,864.78	\$2,424.21
Reimbursement	\$389.76	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00
Differential (Amount Not Reimbursed)	\$0.00	\$279.52	\$669.28	\$432.39	\$1,364.78	\$1,924.21

Notes:

1. The maximum reimbursement of insurance premium is \$500.00.
2. These rates apply only to retirees that are 67 years of age or more and eligible for MTA-RSHP 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)

2017 MTA-RSHP Reimbursement Rates for Retirees Age 67 and Over

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				\$892.13	\$1,784.26	\$2,319.45
Reimbursement	NOT AVAILABLE		NOT AVAILABLE		\$500.00	\$500.00
Differential (Amount Not Reimbursed)				\$392.13	\$1,284.26	\$1,819.45
Anthem Traditional				\$1,169.87	\$2,339.74	\$3,041.66
Reimbursement	NOT AVAILABLE		NOT AVAILABLE		\$500.00	\$500.00
Differential (Amount Not Reimbursed)				\$669.87	\$1,839.74	\$2,541.66
Blue Shield Access +				\$954.41	\$1,909.02	\$2,481.73
Reimbursement	NOT AVAILABLE		NOT AVAILABLE		\$500.00	\$500.00
Differential (Amount Not Reimbursed)				\$454.41	\$1,409.02	\$1,981.73
Kaiser Permanente (or Senior Advantage)	\$300.48	\$600.96	\$901.44	\$733.99	\$1,497.98	\$1,908.37
Reimbursement	\$300.48	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00
Differential (Amount Not Reimbursed)	\$0.00	\$100.96	\$401.44	\$233.99	\$997.98	\$1,408.37
United Healthcare	\$324.21	\$648.42	\$972.63	\$882.35	\$1,764.70	\$2,294.11
Reimbursement	\$324.21	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00
Differential (Amount Not Reimbursed)	\$0.00	\$148.42	\$472.63	\$382.35	\$1,264.70	\$1,794.11
PERS PLANS						
PERS Choice (PPO)	\$353.63	\$707.26	\$1,060.89	\$820.38	\$1,640.76	\$2,132.99
Reimbursement	\$353.63	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00
Differential (Amount Not Reimbursed)	\$0.00	\$207.26	\$560.89	\$320.38	\$1,140.76	\$1,632.99
PERS Select (PPO)	\$353.63	\$707.26	\$1,060.89	\$727.46	\$1,454.90	\$1,891.37
Reimbursement	\$353.63	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00
Differential (Amount Not Reimbursed)	\$0.00	\$207.26	\$560.89	\$227.46	\$954.90	\$1,391.37
PERS Care (PPO)	\$389.76	\$779.52	\$1,169.28	\$802.24	\$1,604.48	\$2,085.82
Reimbursement	\$389.76	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00
Differential (Amount Not Reimbursed)	\$0.00	\$279.52	\$669.28	\$302.24	\$1,104.48	\$1,585.82

Notes:

1. The maximum reimbursement of insurance premium is \$500.00.
2. These rates apply only to retirees that are 67 years of age or more and eligible for MTA-RSHP 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)

2017 MTA-RSHP Reimbursement Rates for Retirees Age 67 and Over

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				\$907.08	\$1,814.16	\$2,358.41
Reimbursement	NOT AVAILABLE		NOT AVAILABLE	\$500.00	\$500.00	\$500.00
Differential (Amount Not Reimbursed)				\$407.08	\$1,314.16	\$1,858.41
Anthem Traditional				\$1,286.41	\$2,572.82	\$3,344.67
Reimbursement	NOT AVAILABLE		NOT AVAILABLE	\$500.00	\$500.00	\$500.00
Differential (Amount Not Reimbursed)				\$786.41	\$2,072.82	\$2,844.67
Blue Shield Access +				\$859.42	\$1,718.84	\$2,234.94
Reimbursement	NOT AVAILABLE		NOT AVAILABLE	\$500.00	\$500.00	\$500.00
Differential (Amount Not Reimbursed)				\$359.42	\$1,218.84	\$1,734.94
Health Net SmartCare				\$672.66	\$1,345.32	\$1,748.92
Reimbursement	NOT AVAILABLE IN NORTHERN CALIFORNIA		NOT AVAILABLE IN NORTHERN CALIFORNIA	\$500.00	\$500.00	\$500.00
Differential (Amount Not Reimbursed)				\$172.66	\$845.32	\$1,248.92
Kaiser Permanente (or Senior Advantage)	\$300.48	\$600.96	\$901.44	\$690.56	\$1,381.12	\$1,795.46
Reimbursement	\$300.48	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00
Differential (Amount Not Reimbursed)	\$0.00	\$100.96	\$401.44	\$190.56	\$881.12	\$1,295.46
United Healthcare	\$324.21	\$648.42	\$972.63	\$756.78	\$1,513.56	\$1,967.63
Reimbursement	\$324.21	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00
Differential (Amount Not Reimbursed)	\$0.00	\$148.42	\$472.63	\$256.78	\$1,013.56	\$1,467.63
PERS PLANS						
PERS Choice (PPO)	\$353.63	\$707.26	\$1,060.89	\$723.47	\$1,446.94	\$1,881.02
Reimbursement	\$353.63	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00
Differential (Amount Not Reimbursed)	\$0.00	\$207.26	\$560.89	\$223.47	\$946.94	\$1,381.02
PERS Select (PPO)	\$353.63	\$707.26	\$1,060.89	\$641.47	\$1,282.94	\$1,667.82
Reimbursement	\$353.63	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00
Differential (Amount Not Reimbursed)	\$0.00	\$207.26	\$560.89	\$141.47	\$782.94	\$1,167.82
PERS Care (PPO)	\$389.76	\$779.52	\$1,169.28	\$812.40	\$1,624.80	\$2,112.24
Reimbursement	\$389.76	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00
Differential (Amount Not Reimbursed)	\$0.00	\$279.52	\$669.28	\$312.40	\$1,124.80	\$1,612.24

Notes:

1. The maximum reimbursement of insurance premium is \$500.00.
2. These rates apply only to retirees that are 67 years of age or more and eligible for MTA-RSHP 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)
2017 MTA-RSHP Reimbursement Rates for Retirees Age 67 and Over

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						
Kaiser Permanente (or Senior Advantage)	\$300.48	\$600.96	\$901.44	\$940.67	\$1,881.34	\$2,445.74
Reimbursement	\$300.48	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00
Differential (Amount Not Reimbursed)	\$0.00	\$100.96	\$401.44	\$440.67	\$1,381.34	\$1,945.74
PPO PLANS						
PERS Choice (PPO)	\$353.63	\$707.26	\$1,060.89	\$675.61	\$1,351.22	\$1,756.59
Reimbursement	\$353.63	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00
Differential (Amount Not Reimbursed)	\$0.00	\$207.26	\$560.89	\$175.61	\$851.22	\$1,256.59
PERS Care (PPO)	\$389.76	\$779.52	\$1,169.28	\$758.69	\$1,571.38	\$1,972.59
Reimbursement	\$389.76	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00
Differential (Amount Not Reimbursed)	\$0.00	\$279.52	\$669.28	\$258.69	\$1,071.38	\$1,472.59

Notes:

1. The maximum reimbursement of insurance premium is \$500.00.
2. These rates apply only to retirees that are 67 years of age or more and eligible for MTA-RSHP 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.