Los Angeles Area Regional

(Los Angeles, San Bernardino and Ventura Counties)

2018 MTA-RSHP Reimbursement Rates for Retirees Age 67+

ZU10 IVITA-R3H	i itciiibui s	ement Nate	TOT NEUTECS A	<u>C 07 1</u>				
		Retiree &						
		1 Dep.,	Retiree & 1		Retiree & 1	Retiree & 2		
	Retiree	both	Dep., only	Retiree	Dep., both	Dep., all w/o		
Plan	w/MC	w/MC	one w/MC	w/o MC	w/o MC	MC		
HMO PLANS								
Anthem Select				\$660.17	\$1,320.34	\$1,716.44		
Reimbursement	NOT A	VAILABLE	NOT AVAILABLE	\$500.00	\$500.00	\$500.00		
Differential (Amount Not Reimbursed)				\$160.17	\$820.34	\$1,216.44		
Anthem Traditional				\$784.72	\$1,569.44	\$2,040.27		
Reimbursement	NOT A	VAILABLE	NOT AVAILABLE	\$500.00	\$500.00	\$500.00		
Differential (Amount Not Reimbursed)				\$284.72	\$1,069.44	\$1,540.27		
Blue Shield Access +				\$613.29	\$1,226.58	\$1,594.55		
Reimbursement	NOT A	VAILABLE	NOT AVAILABLE	\$500.00	\$500.00	\$500.00		
Differential (Amount Not Reimbursed)				\$113.29	\$726.58	\$1,094.55		
Health Net Salud y Mas				\$404.32	\$808.64	\$1,051.23		
Reimbursement	NOT A	VAILABLE	NOT AVAILABLE	\$404.32	\$500.00	\$500.00		
Differential (Amount Not Reimbursed)				\$0.00	\$308.64	\$551.23		
Health Net SmartCare				\$577.15	\$1,154.30	\$1,500.59		
Reimbursement	NOT A	VAILABLE	NOT AVAILABLE	\$500.00	\$500.00	\$500.00		
Differential (Amount Not Reimbursed)				\$77.15	\$654.30	\$1,000.59		
Kaiser Permanente (or Senior Advantage)	\$316.00	\$632.68	\$959.04	\$642.70	\$1,285.40	\$1,671.02		
Reimbursement	\$316.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00		
Differential (Amount Not Reimbursed)	\$0.00 \$132.68		\$459.04	\$142.70	\$785.40	\$1,171.02		
	PI	PO PLANS						
PERS Choice (PPO)	\$345.97	\$691.94	\$966.36	\$620.39	\$1,240.78	\$1,613.01		
Reimbursement	\$345.97	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00		
Differential (Amount Not Reimbursed)	\$0.00	\$191.94	\$466.36	\$120.39	\$740.78	\$1,113.01		
PERS Select (PPO)	\$345.97	\$691.94	\$919.18	\$573.21	\$1,146.42	\$1,490.35		
Reimbursement	\$345.97	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00		
Differential (Amount Not Reimbursed)	\$0.00	\$191.94	\$419.18	\$73.21	\$646.42	\$990.35		
PERS Care (PPO)	\$382.30	\$764.60	\$1,056.03	\$673.73	\$1,347.46	\$1,751.70		
Reimbursement	\$382.30	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00		
Differential (Amount Not Reimbursed)	\$0.00	\$264.60	\$556.03	\$173.73	\$847.46	\$1,251.70		
United Healthcare*	\$330.76	\$661.52	\$933.54	\$302.78	\$1,205.56	\$1,567.23		
Reimbursement	\$330.76	\$500.00	\$500.00	\$302.78	\$500.00	\$500.00		
Differential (Amount Not Reimbursed)	\$0.00	\$161.52	\$433.54	\$0.00	\$705.56	\$1,067.23		

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.
- * United Healthcare is an HMO plan that becomes a PPO plan when participants are enrolled in Medicare.



Southern California Regional

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

2018 MTA-RSHP Reimbursement Rates for Retirees Age 67+

		Retiree &		ĺ				
		1 Dep.,	Retiree & 1		Retiree & 1	Retiree & 2		
	Retiree	both	Dep., only	Retiree	Dep., both	Dep., all w/o		
Plan	w/MC	w/MC	one w/MC	w/o MC	w/o MC	MC		
I all			one w/ivie	W/O IVIC	W/O IVIC	IVIC		
HMO PLANS								
Anthem Select Reimbursement	NOT A	VAILABLE	NOT AVAILABLE	\$659.69 \$500.00	\$1,319.38 \$500.00	\$1,715.19 \$500.00		
Differential (Amount Not Reimbursed)	NOTA	VAILABLE	NOT AVAILABLE	\$159.69	\$819.38			
` '					•			
Anthem Traditional Reimbursement	NOT A	NOT AVAILABLE		\$735.08 \$500.00	\$1,470.16 \$500.00	\$1,911.21 \$500.00		
Differential (Amount Not Reimbursed)	NOT A	VAILABLE	NOT AVAILABLE	\$235.08	\$970.16	\$1,411.21		
Blue Shield Access + Reimbursement	NOTA	\/A.II. A.D.I.E		\$695.97 \$500.00	\$1,391.94 \$500.00	\$1,809.52 \$500.00		
Differential (Amount Not Reimbursed)	NOTA	VAILABLE	NOT AVAILABLE	\$195.97	\$891.94	\$1,309.52		
,					!			
Health Net Salud y Mas				\$461.56	\$923.12	\$1,200.06		
Reimbursement Differential (Amount Not Reimbursed)	NOT A	VAILABLE	NOT AVAILABLE	\$461.56 \$0.00	\$500.00 \$423.12	\$500.00 \$700.06		
Health Net SmartCare				\$607.68	\$1,215.36			
Reimbursement	NOT A	VAILABLE	NOT AVAILABLE	\$500.00	\$500.00	\$500.00		
Differential (Amount Not Reimbursed)				\$107.68	\$715.36	\$1,079.97		
Kaiser Permanente (or Senior Advantage)	\$316.34	\$632.68	\$983.14	\$666.80	\$133.60	\$1,733.68		
Reimbursement	\$316.34	\$500.00	\$500.00	\$500.00	\$133.60	\$500.00		
Differential (Amount Not Reimbursed)	\$0.00	\$132.68	\$483.14	\$166.80	\$0.00	\$1,233.68		
SHARP				\$618.14	\$1,236.28	\$1,607.16		
Reimbursement	NOT A	VAILABLE	NOT AVAILABLE	\$500.00	\$500.00	\$500.00		
Differential (Amount Not Reimbursed)				\$118.14	\$736.28	\$1,107.16		
PERS Choice (PPO)	\$345.97	\$691.94	\$1,044.93	\$698.96	\$1,397.92	\$1,817.30		
Reimbursement	\$345.97	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00		
Differential (Amount Not Reimbursed)	\$0.00	\$191.94	\$544.93	\$198.96	\$897.92	\$1,317.30		
PERS Select (PPO)	\$345.97	\$691.94	\$1,000.71	\$654.74	\$1,309.48	\$1,702.32		
Reimbursement	\$345.97	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00		
Differential (Amount Not Reimbursed)	\$0.00	\$191.94	\$500.71	\$154.74	\$809.48	\$1,202.32		
PERS Care (PPO)	\$382.30	\$764.60	\$1,115.80	\$733.50	\$1,467.00	\$1,907.10		
Reimbursement	\$382.30	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00		
Differential (Amount Not Reimbursed)	\$0.00	\$264.60	\$615.80	\$233.50	\$967.00	\$1,407.10		
United Healthcare*	\$330.73	\$661.52	\$947.42	\$616.66	\$1,233.32	\$1,603.32		
Reimbursement	\$330.73	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00		
Differential (Amount Not Reimbursed)	\$0.00	\$161.52	\$447.42	\$116.66	\$733.32	\$1,103.32		

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.
- * United Healthcare is an HMO plan that becomes a PPO plan when participants are enrolled in Medicare.



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)

2018 MTA-RSHP Reimbursement Rates for Retirees Age 67+

ZU18 IVI A-RSF	ir Keiiiibuis		3 TOT RECITEES A	<u>5C 07 1</u>					
		Retiree &							
		1 Dep.,	Retiree & 1		Retiree & 1	Retiree & 2			
	Retiree	both	Dep., only	Retiree	Dep., both	Dep., all w/o			
Plan	w/MC	w/MC	one w/MC	w/o MC	w/o MC	MC			
Tiuli			one with	W/O IVIC	W/ O IVIC	ivie			
HMO PLANS									
Anthem Select				\$856.41	\$1,712.82	\$2,226.67			
Reimbursement	NOT A	VAILABLE	NOT AVAILABLE	\$500.00	\$500.00	\$500.00			
Differential (Amount Not Reimbursed)				\$356.41	\$1,212.82	\$1,726.67			
Anthem Traditional				\$925.47	\$1,850.94	\$2,406.22			
Reimbursement	NOT A	VAILABLE	NOT AVAILABLE	\$500.00	\$500.00	\$500.00			
Differential (Amount Not Reimbursed)				\$425.47	\$1,350.94	\$1,906.22			
Blue Shield Access +	!			\$889.02	\$1,778.04	\$2,311.45			
Reimbursement	NOT A	VAILABLE	NOT AVAILABLE	\$500.00	\$500.00	\$500.00			
	NOTA	VAILABLE	NOT AVAILABLE	\$389.02	\$1,278.04	-			
Differential (Amount Not Reimbursed)				\$389.02	\$1,276.04	\$1,811.45			
Health Net SmartCare				\$863.48	\$1,726.96	\$2,245.05			
Reimbursement	NOT A	VAILABLE	NOT AVAILABLE	\$500.00	\$500.00	\$500.00			
Differential (Amount Not Reimbursed)				\$363.48	\$1,226.96	\$1,745.05			
Kaiser Permanente (or Senior Advantage)	\$316.34	\$632.68	\$983.14	\$779.86	\$1,559.72	\$2,027.64			
Reimbursement	\$316.34	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00			
Differential (Amount Not Reimbursed)	\$0.00	\$132.68	\$483.14	\$279.86	\$1,059.72	\$1,527.64			
Western Health Advantage				\$792.56	\$1,585.12	\$2,060.66			
Reimbursement	NOT A	VAILABLE	NOT AVAILABLE	\$500.00	\$500.00	\$500.00			
Differential (Amount Not Reimbursed)				\$292.56	\$1,085.12	\$1,560.66			
PERS Choice (PPO)	\$345.97	\$691.94	\$1,044.93	\$800.27	\$1,600.54	\$2,080.70			
Reimbursement	\$345.97	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00			
Differential (Amount Not Reimbursed)	\$0.00	\$191.94	\$544.93	\$300.27	\$1,100.54	\$1,580.70			
PERS Select (PPO)	\$345.97	\$691.94	\$1,000.71	\$717.50	¢1 42E 00	\$1,865.50			
Reimbursement	\$345.97	\$500.00	\$1,000.71		\$1,435.00 \$500.00	\$1,865.50			
Differential (Amount Not Reimbursed)	\$0.00	\$191.94	\$500.71	\$217.50	\$935.00	\$1,365.50			
PERS Care (PPO)	\$382.30	\$764.60	\$1,115.80	\$882.45	\$1,765.90	\$2,294.37			
Reimbursement	\$382.30	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00			
Differential (Amount Not Reimbursed)	\$0.00	\$264.60	\$615.80	\$382.45	\$1,265.90	\$1,794.37			
United Healthcare*	\$330.73	\$661.52	\$947.42	\$1,371.84	\$2,743.68	\$3,566.78			
Reimbursement	\$330.73	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00			
Differential (Amount Not Reimbursed)	\$0.00	\$161.52	\$447.42	\$871.84	\$2,243.68	\$3,066.78			

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.
- * United Healthcare is an HMO plan that becomes a PPO plan when participants are enrolled in Medicare.



Northern California Regional

(El Dorado, Placer, Sacramento, Yolo Counties)

2018 MTA-RSHP Reimbursement Rates for Retirees Age 67+

Retiree Dep., only one w/MC NoT AVAILABLE NOT AVAILABL			Retiree &				
Retiree w/MC w/MC w/MC w/MC w/o MC w/o W/o MC w/o MC w/o MC w/o MC w/o MC w/o MC w/o W/o W/o MC w/o MC w/o W/o W/o MC w/o MC w/o W				Retiree & 1		Retiree & 1	Retiree & 2
NOT AVAILABLE NOT AVAILABL		Retiree			Retiree		
NOT AVAILABLE NOT AVAILABLE NOT AVAILABLE NOT AVAILABLE NOT AVAILABLE S500.00 S500	Plan						
NOT AVAILABLE NOT AVAILABLE S942.29 \$1,884.58 \$2,449.95 \$500.00							livie
NOT AVAILABLE NOT AVAILABLE NOT AVAILABLE S500.00 \$500.0		HN	VIO PLANS	1	40.40.00	44.004.50	42.440.05
NOT AVAILABLE NOT AVAILABL		NOTA	/AU ADI E		-		
NOT AVAILABLE NOT AVAILABLE S\$0.00 \$50		NOTA	VAILABLE	NOT AVAILABLE			
NOT AVAILABLE NOT AVAILABLE S500.00 \$500.00 \$500.00 \$500.00 \$500.00 \$500.00 \$550.00 \$5							
Differential (Amount Not Reimbursed) S554.62 \$1,609.24 \$2,242.01							
NOT AVAILABLE NOT AVAILABLE NOT AVAILABLE NOT AVAILABLE S00.00 \$500.00 \$		NOT A	VAILABLE	NOT AVAILABLE			
NOT AVAILABLE NOT AVAILABLE \$500.00 \$5	Differential (Amount Not Reimbursed)				\$554.62	\$1,609.24	\$2,242.01
NOT AVAILABLE NOT AVAILABL	Blue Shield Access +				\$806.71	\$1,613.42	\$2,097.45
NOT AVAILABLE NOT AVAILABLE NOT AVAILABLE S980.82 \$1,961.64 \$2,550.13	Reimbursement	NOT A	VAILABLE	NOT AVAILABLE	\$500.00	\$500.00	\$500.00
NOT AVAILABLE NOT AVAILABLE S500.00 \$500.00 \$500.00 \$500.00 \$480.82 \$1,461.64 \$2,050.13 \$2,050.13 \$2,050.13 \$2,050.13 \$2,050.13 \$2,050.13 \$2,050.13 \$2,050.13 \$2,050.13 \$2,050.13 \$2,050.13 \$2,050.13 \$2,050.13 \$2,050.13 \$2,050.13 \$2,050.13 \$2,050.13 \$2,050.13 \$2,050.13 \$2,050.00 \$2,050	Differential (Amount Not Reimbursed)				\$306.71	\$1,113.42	\$1,597.45
NOT AVAILABLE NOT AVAILABLE S500.00 \$500.00 \$500.00 \$500.00 \$480.82 \$1,461.64 \$2,050.13 \$2,050.13 \$2,050.13 \$2,050.13 \$2,050.13 \$2,050.13 \$2,050.13 \$2,050.13 \$2,050.13 \$2,050.13 \$2,050.13 \$2,050.13 \$2,050.13 \$2,050.13 \$2,050.13 \$2,050.13 \$2,050.13 \$2,050.13 \$2,050.13 \$2,050.00 \$2,050	Health Net SmartCare				\$980.82	\$1.961.64	\$2.550.13
Saiser Permanente (or Senior Advantage) Sais	Reimbursement	NOT AVAILABLE		NOT AVAILABLE	-		
Same bursement Same	Differential (Amount Not Reimbursed)				\$480.82	\$1,461.64	\$2,050.13
Same bursement Same	Kaiser Permanente (or Senior Advantage)	\$316.34	\$632.68	\$983.14	\$599.54	\$1,199.08	\$1,558.80
Western Health Advantage Reimbursement Differential (Amount Not Reimbursed) NOT AVAILABLE NOT AVAILABLE \$744.79 \$500.00 \$1,489.58 \$500.00 \$1,936.45 \$500.00 PERS Choice (PPO) Reimbursement \$353.63 \$353.63 \$707.26 \$500.00 \$1,060.89 \$500.00 \$714.43 \$500.00 \$1,428.62 \$500.00 \$1,857.52 \$500.00 PERS Select (PPO) Reimbursement \$353.63 \$500.00 \$707.26 \$500.00 \$560.89 \$500.00 \$214.43 \$928.62 \$1,266.92 \$1,357.52 \$1,647.00 \$500.00 PERS Select (PPO) Reimbursement \$353.63 \$500.00 \$707.26 \$500.00 \$1,060.89 \$500.00 \$633.46 \$500.00 \$1,266.92 \$1,266.92 \$1,647.00 \$500.00 <	Reimbursement	\$316.34		\$500.00	\$500.00		
NOT AVAILABLE NOT AVAILABLE S\$00.00 \$500.00 \$500.00 \$500.00 \$500.00 \$500.00 \$500.00 \$500.00 \$244.79 \$989.58 \$1,436.45 \$1,060.89 \$714.43 \$1,428.62 \$1,857.52 \$1,060.89 \$500.00 \$5	Differential (Amount Not Reimbursed)	\$0.00	\$132.68	\$483.14	\$99.54	\$699.08	\$1,058.80
NOT AVAILABLE NOT AVAILABLE S\$00.00 \$500.00 \$500.00 \$500.00 \$500.00 \$500.00 \$500.00 \$500.00 \$244.79 \$989.58 \$1,436.45 \$1,060.89 \$714.43 \$1,428.62 \$1,857.52 \$1,060.89 \$500.00 \$5	Western Health Advantage		\$744.79	\$1,489.58	\$1,936.45		
PERS Choice (PPO) \$353.63 \$707.26 \$1,060.89 \$714.43 \$1,428.62 \$1,857.52 Reimbursement \$353.63 \$500.00	Reimbursement	NOT A	VAILABLE	NOT AVAILABLE	-		
Reimbursement \$353.63 \$500.00	Differential (Amount Not Reimbursed)				\$244.79	\$989.58	\$1,436.45
Reimbursement \$353.63 \$500.00							
Solution	PERS Choice (PPO)	\$353.63	\$707.26	\$1,060.89	\$714.43	\$1,428.62	\$1,857.52
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) \$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 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	Reimbursement	\$353.63	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00
Sample S	Differential (Amount Not Reimbursed)	\$0.00	\$207.26	\$560.89	\$214.43	\$928.62	\$1,357.52
Sample S	PERS Select (PPO)	\$353.63	\$707.26	\$1,060.89	\$633.46	\$1,266.92	\$1,647.00
PERS Care (PPO) \$389.76 \$779.52 \$1,169.28 \$802.24 \$1,604.48 \$2,085.82 \$389.76 \$500.00 \$500.00 \$500.00 \$500.00 \$500.00 \$500.00 \$500.00 \$500.00 \$500.00 \$1,104.48 \$1,585.82	Reimbursement	1			•		
Reimbursement \$389.76 \$500.00	Differential (Amount Not Reimbursed)	\$0.00	\$207.26	\$560.89	\$133.46	\$766.92	\$1,147.00
Reimbursement \$389.76 \$500.00	PERS Care (PPO)	\$389.76	\$779.52	\$1,169.28	\$802.24	\$1,604.48	\$2,085.82
Differential (Amount Not Reimbursed) \$0.00 \$279.52 \$669.28 \$302.24 \$1,104.48 \$1,585.82 United Healthcare* Reimbursement \$324.21 \$648.42 \$972.63 \$549.76 \$1,099.52 \$1,429.38 \$324.21 \$500.00 \$500.00 \$500.00 \$500.00 \$500.00	Reimbursement	1			-		
Reimbursement \$324.21 \$500.00 \$500.00 \$500.00 \$500.00	Differential (Amount Not Reimbursed)			-			
Reimbursement \$324.21 \$500.00 \$500.00 \$500.00 \$500.00	United Healthcare*	\$324.21	\$648.42	\$972.63	\$549.76	\$1,099.52	\$1,429.38
Differential (Amount Not Reimbursed) \$0.00 \$148.42 \$472.63 \$49.76 \$599.52 \$929.38	Reimbursement						
	Differential (Amount Not Reimbursed)	\$0.00	\$148.42	\$472.63	\$49.76	\$599. 52	\$929.38

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.
- st United Healthcare is an HMO plan that becomes a PPO plan when participants are enrolled in Medicare.



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)

2018 MTA-RSHP Reimbursement Rates for Retirees Age 67+

				<u> </u>		
Plan	Retiree w/MC	Retiree & 1 Dep., both w/MC	Retiree & 1 Dep., only one w/MC	Retiree w/o	Retiree & 1 Dep., both w/o MC	Retiree & 2 Dep., all w/o MC
			•			
Anthem EPO Del Norte Reimbursement Differential (Arreunt Net Beimbursed)		NOT AVAILABLE		\$813.96 \$500.00	\$1,627.92 \$500.00	\$2,116.30 \$500.00
Differential (Amount Not Reimbursed)				\$313.96	\$1,127.92	\$1,616.30
Anthem EPO Monterey Reimbursement Differential (Amount Not Reimbursed)	NOT A	VAILABLE	NOT AVAILABLE	\$910.90 \$500.00	\$1,821.80 \$500.00	\$2,368.34 \$500.00
Differential (Amount Not Reimbursed)				\$410.90	\$1,321.80	\$1,868.34
Anthem Select Reimbursement Differential (Amount Not Reimbursed)	NOT A	VAILABLE	NOT AVAILABLE	\$910.90 \$500.00 \$410.90	\$1,821.80 \$500.00 \$1,321.80	\$2,368.34 \$500.00 \$1,868.34
				-		•
Anthem Traditional Reimbursement Differential (Amount Not Reimbursed)	NOT A	VAILABLE	NOT AVAILABLE	\$954.75 \$500.00 \$454.75	\$1,909.50 \$500.00 \$1,409.50	\$2,482.35 \$500.00 \$1,982.35
Blue Shield Access + Reimbursement	NOT A	VAILABLE	NOT AVAILABLE	\$894.43 \$500.00	\$1,788.86 \$500.00	\$2,325.52 \$500.00
Differential (Amount Not Reimbursed)			AVAILABLE	\$394.43	\$1,288.86	\$1,825.52
Blue Shield EPO Reimbursement	NOT A	VAILABLE	NOT	\$894.43 \$500.00	\$1,788.86 \$500.00	\$2,325.52 \$500.00
Differential (Amount Not Reimbursed)			AVAILABLE	\$394.43	\$1,288.86	\$1,825.52
Kaiser Permanente (or Senior Advantage) Reimbursement	\$316.34 \$316.34	\$632.68 \$500.00	\$983.14 \$500.00	\$795.43 \$500.00	\$1,590.86 \$500.00	\$2,068.12 \$500.00
Differential (Amount Not Reimbursed)	\$0.00	\$132.68	\$483.14	\$295.43	\$1,090.86	\$1,568.12
Western Health Advantage Reimbursement Differential (Amount Net Beimbursed)	NOT A	VAILABLE	NOT AVAILABLE	\$744.79 \$500.00 \$244.79	\$1,489.58 \$500.00	\$1,936.45 \$500.00
Differential (Amount Not Reimbursed)				\$244.79	\$989.58	\$1,436.45
PERS Choice (PPO) Reimbursement	\$353.63 \$353.63	\$707.26 \$500.00	\$1,060.89 \$500.00	\$813.96 \$500.00	\$1,627.92 \$500.00	\$2,116.30 \$500.00
Differential (Amount Not Reimbursed)	\$0.00	\$207.26	\$560.89	\$313.96	\$1,127.92	\$1,616.30
PERS Select (PPO) Reimbursement	\$353.63 \$353.63	\$707.26 \$500.00	\$1,060.89 \$500.00	\$961.78 \$500.00	\$1,383.56 \$500.00	\$1,798.63 \$500.00
Differential (Amount Not Reimbursed)	\$0.00	\$207.26	\$560.89	\$461.78	\$883.56	\$1,298.63
PERS Care (PPO) Reimbursement	\$389.76 \$389.76	\$779.52 \$500.00	\$1,169.28 \$500.00	\$866.93 \$500.00	\$1,733.86 \$500.00	\$2,254.02 \$500.00
Differential (Amount Not Reimbursed)	\$0.00	\$279.52	\$669.28	\$366.93	\$1,233.86	\$1,754.02
United Healthcare* Reimbursement	\$324.21 \$324.21	\$648.42 \$500.00	\$972.63 \$500.00	\$1,205.55 \$500.00	\$2,411.10 \$500.00	\$3,134.43 \$500.00
Differential (Amount Not Reimbursed)	\$0.00		\$472.63	\$705.55	\$1,911.10	\$2,634.43

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.
- * United Healthcare is an HMO plan that becomes a PPO plan when participants are enrolled in Medicare.



Out of State

(Anywhere outside of California within the United States)

2018 MTA-RSHP Reimbursement Rates for Retirees Age 67+

		Retiree &							
		1 Dep.,	Retiree & 1		Retiree & 1	Retiree & 2			
	Retiree	both	Dep., only	Retiree	Dep., both	Dep., all w/o			
Plan	w/MC	w/MC	one w/MC	w/o MC	w/o MC	MC			
HMO PLANS									
Kaiser Colorado	\$316.34	\$632.68	\$1,273.39	\$957.05	61.014.10	\$2,488.33			
Reimbursement	\$316.34	\$500.00	\$1,273.39	\$500.00	\$1,914.10 \$500.00	\$2,488.33			
Differential (Amount Not Reimbursed)	\$0.00	\$132.68	\$773.39	\$457.05	\$1,414.10	\$1,988.33			
·									
Kaiser Georgia	\$316.34	\$632.68	\$1,273.39	\$957.05	\$1,914.10	\$2,488.33			
Reimbursement	\$316.34	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00			
Differential (Amount Not Reimbursed)	\$0.00	\$132.68	\$773.39	\$457.05	\$1,414.10	\$1,988.33			
Kaiser Hawaii	\$316.34	\$632.68	\$1,273.39	\$957.05	\$1,914.10	\$2,488.33			
Reimbursement	\$316.34	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00			
Differential (Amount Not Reimbursed)	\$0.00	\$132.68	\$773.39	\$457.05	\$1,414.10	\$1,988.33			
Kaiser MidAtlantic	\$316.34	\$632.68	\$1,273.39	\$957.05	\$1,914.10	\$2,488.33			
Reimbursement	\$316.34	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00			
Differential (Amount Not Reimbursed)	\$0.00	\$132.68	\$773.39	\$457.05	\$1,414.10	\$1,988.33			
Kaiser Northwest	\$316.34	\$632.68	\$1,273.39	\$957.05	\$1,914.10	\$2,488.33			
Reimbursement	\$316.34	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00			
Differential (Amount Not Reimbursed)	\$0.00	\$132.68	\$773.39	\$457.05	\$1,414.10	\$1,988.33			
	PI	PO PLANS							
PERS Choice (PPO)	\$353.63	\$707.26	\$1,060.89	\$661.45	\$1,322.90	\$1,719.77			
Reimbursement	\$353.63	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00			
Differential (Amount Not Reimbursed)	\$0.00	\$207.26	\$560.89	\$161.45	\$822.90	\$1,219.77			
PERS Care (PPO)	\$389.76	\$779.52	\$1,169.28	\$718.98	\$1,473.96	\$1,869.35			
Reimbursement	\$389.76	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00			
Differential (Amount Not Reimbursed)	\$0.00	\$279.52	\$669.28	\$218.98	\$973.96	\$1,369.35			
United Healthcare*	\$330.76	\$661.52	NOT						
Reimbursement	\$330.76	\$500.00	AVAILABLE		NOT AVAILABI	.E			
Differential (Amount Not Reimbursed)	\$0.00	\$161.52	AVAILABLE						

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.

