

**Los Angeles Area Regional**  
(Los Angeles, San Bernardino and Ventura Counties)

**2019 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 Reimbursement</b>	<b>NOT AVAILABLE</b>	<b>NOT AVAILABLE</b>	<b>NOT AVAILABLE</b>	\$627.07	\$1,254.14	\$1,630.38
Differential (Amount Not Reimbursed)				\$626.72	\$1,253.79	\$1,348.65
				<b>\$0.35</b>	<b>\$0.35</b>	<b>\$281.73</b>
<b>Anthem Traditional Reimbursement</b>	<b>NOT AVAILABLE</b>	<b>NOT AVAILABLE</b>	<b>NOT AVAILABLE</b>	\$878.48	\$1,753.96	\$2,284.05
Differential (Amount Not Reimbursed)				\$878.13	\$1,348.65	\$1,348.65
				<b>\$0.35</b>	<b>\$405.31</b>	<b>\$935.40</b>
<b>Blue Shield Access + Reimbursement</b>	<b>NOT AVAILABLE</b>	<b>NOT AVAILABLE</b>	<b>NOT AVAILABLE</b>	\$669.75	\$1,339.50	\$1,741.35
Differential (Amount Not Reimbursed)				\$669.40	\$1,339.15	\$1,348.65
				<b>\$0.35</b>	<b>\$0.35</b>	<b>\$392.70</b>
<b>Health Net Salud y Mas Reimbursement</b>	<b>NOT AVAILABLE</b>	<b>NOT AVAILABLE</b>	<b>NOT AVAILABLE</b>	\$356.50	\$713.00	\$926.90
Differential (Amount Not Reimbursed)				\$356.15	\$712.65	\$926.55
				<b>\$0.35</b>	<b>\$0.35</b>	<b>\$0.35</b>
<b>Health Net SmartCare Reimbursement</b>	<b>NOT AVAILABLE</b>	<b>NOT AVAILABLE</b>	<b>NOT AVAILABLE</b>	\$584.27	\$1,168.54	\$1,519.10
Differential (Amount Not Reimbursed)				\$583.92	\$1,168.19	\$1,348.65
				<b>\$0.35</b>	<b>\$0.35</b>	<b>\$170.45</b>
<b>Kaiser Permanente (or Senior Advantage) Reimbursement</b>	\$323.74	\$647.48	\$942.38	\$618.64	\$1,237.28	\$1,608.46
Differential (Amount Not Reimbursed)	\$323.39	\$647.13	\$942.03	\$618.29	\$1,236.93	\$1,348.65
	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$259.81</b>
<b>PPO PLANS</b>						
<b>PERS Choice (PPO) Reimbursement</b>	\$360.41	\$720.82	\$1,014.91	\$654.50	\$1,309.00	\$1,701.70
Differential (Amount Not Reimbursed)	\$360.06	\$720.47	\$1,014.56	\$654.15	\$1,308.65	\$1,348.65
	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$353.05</b>
<b>PERS Select (PPO) Reimbursement</b>	\$360.41	\$720.82	\$781.18	\$420.77	\$841.54	\$1,094.00
Differential (Amount Not Reimbursed)	\$360.06	\$720.47	\$780.83	\$420.42	\$841.19	\$1,093.65
	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$0.35</b>
<b>PERS Care (PPO) Reimbursement</b>	\$394.83	\$789.66	\$1,238.61	\$843.78	\$1,687.56	\$2,193.83
Differential (Amount Not Reimbursed)	\$394.48	\$789.31	\$1,238.26	\$843.43	\$1,348.65	\$1,348.65
	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$338.91</b>	<b>\$845.18</b>
<b>United Healthcare** Reimbursement</b>	\$299.37	\$598.74	\$968.98	\$669.61	\$1,339.22	\$1,740.99
Differential (Amount Not Reimbursed)	\$299.02	\$598.39	\$968.63	\$669.26	\$1,338.87	\$1,348.65
	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$392.34</b>

**Notes:**

- The maximum reimbursement of insurance premium is \$1349.00.
  - These rates apply only to retirees that are at less than 67 years of age and that are eligible for District paid retirement benefits.
  - 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.
  - If applicable, the **Minimum Employer Contribution** is not deducted from your STRS statement and is not reimbursed to your credit union account.
- \* Beginning January 1, 2019, all reimbursement transactions will be subject to a 35¢ transaction fee. This fee will be deducted from the reimbursement amount.  
 \*\* United Healthcare is an HMO plan that becomes a PPO plan when participants are enrolled in Medicare.

**CalPERS Open Enrollment: September 10 - October 5**



## Southern California Regional

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

### 2019 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 Reimbursement</b>	<b>NOT AVAILABLE</b>	<b>NOT AVAILABLE</b>	<b>NOT AVAILABLE</b>	\$625.07	\$1,250.14	\$1,625.18
Differential (Amount Not Reimbursed)				\$624.72	\$1,249.79	\$1,348.65
				<b>\$0.35</b>	<b>\$0.35</b>	<b>\$276.53</b>
<b>Anthem Traditional Reimbursement</b>	<b>NOT AVAILABLE</b>	<b>NOT AVAILABLE</b>	<b>NOT AVAILABLE</b>	\$830.89	\$1,661.78	\$2,160.31
Differential (Amount Not Reimbursed)				\$830.54	\$1,348.65	\$1,348.65
				<b>\$0.35</b>	<b>\$313.13</b>	<b>\$811.66</b>
<b>Blue Shield Access + Reimbursement</b>	<b>NOT AVAILABLE</b>	<b>NOT AVAILABLE</b>	<b>NOT AVAILABLE</b>	\$760.04	\$1,520.08	\$1,976.10
Differential (Amount Not Reimbursed)				\$759.69	\$1,348.65	\$1,348.65
				<b>\$0.35</b>	<b>\$171.43</b>	<b>\$627.45</b>
<b>Health Net Salud y Mas Reimbursement</b>	<b>NOT AVAILABLE</b>	<b>NOT AVAILABLE</b>	<b>NOT AVAILABLE</b>	\$427.81	\$855.62	\$1,112.31
Differential (Amount Not Reimbursed)				\$427.46	\$855.27	\$1,111.96
				<b>\$0.35</b>	<b>\$0.35</b>	<b>\$0.35</b>
<b>Health Net SmartCare Reimbursement</b>	<b>NOT AVAILABLE</b>	<b>NOT AVAILABLE</b>	<b>NOT AVAILABLE</b>	\$642.71	\$1,285.42	\$1,671.05
Differential (Amount Not Reimbursed)				\$642.36	\$1,285.07	\$1,348.65
				<b>\$0.35</b>	<b>\$0.35</b>	<b>\$322.40</b>
<b>Kaiser Permanente (or Senior Advantage) Reimbursement</b>	\$323.74	\$647.48	\$952.37	\$628.63	\$1,257.26	\$1,634.44
Differential (Amount Not Reimbursed)	\$323.39	\$647.13	\$952.02	\$628.28	\$1,256.91	\$1,348.65
	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$285.79</b>
<b>SHARP Reimbursement</b>	<b>NOT AVAILABLE</b>	<b>NOT AVAILABLE</b>	<b>NOT AVAILABLE</b>	\$593.66	\$1,187.32	\$1,543.52
Differential (Amount Not Reimbursed)				\$593.31	\$1,186.97	\$1,349.00
				<b>\$0.35</b>	<b>\$0.35</b>	<b>\$194.52</b>
<b>PERS Choice (PPO) Reimbursement</b>	\$360.41	\$720.82	\$1,081.52	\$721.11	\$1,442.22	\$1,874.89
Differential (Amount Not Reimbursed)	\$360.06	\$720.47	\$1,081.17	\$720.76	\$1,348.65	\$1,348.65
	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$93.57</b>	<b>\$526.24</b>
<b>PERS Select (PPO) Reimbursement</b>	\$360.41	\$720.82	\$823.12	\$462.71	\$925.42	\$1,203.05
Differential (Amount Not Reimbursed)	\$360.06	\$720.47	\$822.77	\$462.36	\$925.07	\$1,202.70
	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$0.35</b>
<b>PERS Care (PPO) Reimbursement</b>	\$394.83	\$789.66	\$1,302.12	\$907.29	\$1,814.58	\$2,358.95
Differential (Amount Not Reimbursed)	\$394.48	\$789.31	\$1,301.77	\$906.94	\$1,348.65	\$1,348.65
	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$465.93</b>	<b>\$1,010.30</b>
<b>United Healthcare** Reimbursement</b>	\$299.37	\$598.74	\$946.02	\$646.65	\$1,293.30	\$1,681.29
Differential (Amount Not Reimbursed)	\$299.02	\$598.39	\$945.67	\$646.30	\$1,292.95	\$1,348.65
	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$332.64</b>

**Notes:**

1. The maximum reimbursement of insurance premium is \$1349.00.
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.

\* Beginning January 1, 2019, all reimbursement transactions will be subject to a 35¢ transaction fee. This fee will be deducted from the reimbursement amount.

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

**CalPERS Open Enrollment: September 10 - October 5**



## 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)

### 2019 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</b>				\$831.44	\$1,662.88	\$2,161.74
Reimbursement	NOT AVAILABLE	NOT AVAILABLE	NOT AVAILABLE	\$831.09	\$1,348.65	\$1,348.65
Differential (Amount Not Reimbursed)				\$0.35	\$314.23	\$813.09
<b>Anthem Traditional</b>				\$1,111.13	\$2,222.26	\$2,888.94
Reimbursement	NOT AVAILABLE	NOT AVAILABLE	NOT AVAILABLE	\$1,110.78	\$1,348.65	\$1,348.65
Differential (Amount Not Reimbursed)				\$0.35	\$873.61	\$1,540.29
<b>Blue Shield Access +</b>				\$970.90	\$1,941.80	\$2,524.34
Reimbursement	NOT AVAILABLE	NOT AVAILABLE	NOT AVAILABLE	\$970.55	\$1,348.65	\$1,348.65
Differential (Amount Not Reimbursed)				\$0.35	\$593.15	\$1,175.69
<b>Health Net SmartCare</b>				\$901.55	\$1,803.10	\$2,344.03
Reimbursement	NOT AVAILABLE	NOT AVAILABLE	NOT AVAILABLE	\$901.20	\$1,348.65	\$1,348.65
Differential (Amount Not Reimbursed)				\$0.35	\$454.45	\$995.38
<b>Kaiser Permanente (or Senior Advantage)</b>	\$323.74	\$647.48	\$942.38	\$768.25	\$1,536.50	\$1,997.45
Reimbursement	\$323.39	\$647.13	\$942.03	\$767.90	\$1,348.65	\$1,348.65
Differential (Amount Not Reimbursed)	\$0.35	\$0.35	\$0.35	\$0.35	\$187.85	\$648.80
<b>Western Health Advantage</b>				\$767.01	\$1,534.02	\$1,994.23
Reimbursement	NOT AVAILABLE	NOT AVAILABLE	NOT AVAILABLE	\$767.01	\$1,349.00	\$1,349.00
Differential (Amount Not Reimbursed)				\$0.00	\$185.02	\$645.23
<b>PERS PLANS</b>						
<b>PERS Choice (PPO)</b>	\$360.41	\$720.82	\$1,226.68	\$866.27	\$1,732.54	\$2,252.30
Reimbursement	\$360.06	\$720.47	\$1,226.33	\$865.92	\$1,348.65	\$1,348.65
Differential (Amount Not Reimbursed)	\$0.35	\$0.35	\$0.35	\$0.35	\$383.89	\$903.65
<b>PERS Select (PPO)</b>	\$360.41	\$720.82	\$903.60	\$543.19	\$1,086.38	\$1,412.29
Reimbursement	\$360.06	\$720.47	\$903.25	\$542.84	\$1,086.03	\$1,348.65
Differential (Amount Not Reimbursed)	\$0.35	\$0.35	\$0.35	\$0.35	\$0.35	\$63.64
<b>PERS Care (PPO)</b>	\$394.83	\$789.66	\$1,526.51	\$1,131.68	\$2,263.36	\$2,942.37
Reimbursement	\$394.48	\$789.31	\$1,348.65	\$1,131.33	\$1,348.65	\$1,348.65
Differential (Amount Not Reimbursed)	\$0.35	\$0.35	\$177.86	\$0.35	\$914.71	\$1,593.72
<b>United Healthcare**</b>	\$299.37	\$598.74				
Reimbursement	\$299.02	\$598.39	NOT AVAILABLE W/O MEDICARE	NOT AVAILABLE WITHOUT MEDICARE		
Differential (Amount Not Reimbursed)	\$0.35	\$0.35				

**Notes:**

1. The maximum reimbursement of insurance premium is \$1349.00.
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.

\* Beginning January 1, 2019, all reimbursement transactions will be subject to a 35¢ transaction fee. This fee will be deducted from the reimbursement amount.

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

**CalPERS Open Enrollment: September 10 - October 5**



**Sacramento Regional**  
(El Dorado, Placer, Sacramento, Yolo Counties)  
**2019 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 Reimbursement</b>	<b>NOT AVAILABLE</b>	<b>NOT AVAILABLE</b>	<b>NOT AVAILABLE</b>	\$946.14	\$1,892.28	\$2,459.96
Differential (Amount Not Reimbursed)				\$945.79	\$1,348.65	\$1,348.65
				<b>\$0.35</b>	<b>\$543.63</b>	<b>\$1,111.31</b>
<b>Anthem Traditional Reimbursement</b>	<b>NOT AVAILABLE</b>	<b>NOT AVAILABLE</b>	<b>NOT AVAILABLE</b>	\$1,178.79	\$2,357.58	\$3,064.85
Differential (Amount Not Reimbursed)				\$1,178.44	\$1,348.65	\$1,348.65
				<b>\$0.35</b>	<b>\$1,008.93</b>	<b>\$1,716.20</b>
<b>Blue Shield Access + Reimbursement</b>	<b>NOT AVAILABLE</b>	<b>NOT AVAILABLE</b>	<b>NOT AVAILABLE</b>	\$881.01	\$1,762.02	\$2,290.63
Differential (Amount Not Reimbursed)				\$880.66	\$1,348.65	\$1,348.65
				<b>\$0.35</b>	<b>\$413.37</b>	<b>\$941.98</b>
<b>Kaiser Permanente (or Senior Advantage) Reimbursement</b>	\$323.74	\$647.48	\$942.38	\$687.99	\$1,375.98	\$1,788.77
Differential (Amount Not Reimbursed)	\$323.39	\$647.13	\$942.03	\$687.64	\$1,348.65	\$1,348.65
	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$27.33</b>	<b>\$440.12</b>
<b>Western Health Advantage Reimbursement</b>	<b>NOT AVAILABLE</b>	<b>NOT AVAILABLE</b>	<b>NOT AVAILABLE</b>	\$696.68	\$1,393.36	\$1,811.37
Differential (Amount Not Reimbursed)				\$696.68	\$1,349.00	\$1,349.00
				<b>\$0.00</b>	<b>\$44.36</b>	<b>\$462.37</b>
<b>PERS PLANS</b>						
<b>PERS Choice (PPO) Reimbursement</b>	\$360.41	\$720.82	\$1,158.99	\$798.58	\$1,597.16	\$2,076.31
Differential (Amount Not Reimbursed)	\$360.06	\$720.47	\$1,158.64	\$798.23	\$1,348.65	\$1,348.65
	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$248.51</b>	<b>\$727.66</b>
<b>PERS Select (PPO) Reimbursement</b>	\$360.41	\$720.82	\$869.09	\$508.68	\$1,017.36	\$1,322.57
Differential (Amount Not Reimbursed)	\$360.06	\$720.47	\$868.74	\$508.33	\$1,017.01	\$1,322.22
	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$0.35</b>
<b>PERS Care (PPO) Reimbursement</b>	\$394.83	\$789.66	\$1,422.92	\$1,029.99	\$2,055.98	\$2,672.77
Differential (Amount Not Reimbursed)	\$394.48	\$789.31	\$1,348.65	\$1,029.64	\$1,348.65	\$1,348.65
	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$74.27</b>	<b>\$0.35</b>	<b>\$707.33</b>	<b>\$1,324.12</b>
<b>United Healthcare** Reimbursement</b>	\$299.37	\$598.74	\$1,228.22	\$928.85	\$1,857.70	\$2,415.01
Differential (Amount Not Reimbursed)	\$299.02	\$598.39	\$1,227.87	\$928.50	\$1,348.65	\$1,348.65
	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$509.05</b>	<b>\$1,066.36</b>

**Notes:**

1. The maximum reimbursement of insurance premium is \$1349.00.
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.

\* Beginning January 1, 2019, all reimbursement transactions will be subject to a 35¢ transaction fee. This fee will be deducted from the reimbursement amount.

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

**CalPERS Open Enrollment: September 10 - October 5**



**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)

**2019 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 EPO Del Norte</b>				\$866.95	\$1,733.90	\$2,254.07
Reimbursement	<b>NOT AVAILABLE</b>		<b>NOT AVAILABLE</b>		\$866.95	\$1,349.00
Differential (Amount Not Reimbursed)				\$0.00	\$384.90	\$905.07
<b>Anthem Select</b>				\$592.23	\$1,184.46	\$1,539.80
Reimbursement	<b>NOT AVAILABLE</b>		<b>NOT AVAILABLE</b>		\$592.23	\$1,349.00
Differential (Amount Not Reimbursed)				\$0.00	\$0.00	\$190.80
<b>Anthem Traditional</b>				\$1,334.38	\$2,668.76	\$3,469.39
Reimbursement	<b>NOT AVAILABLE</b>		<b>NOT AVAILABLE</b>		\$1,334.38	\$1,349.00
Differential (Amount Not Reimbursed)				\$0.00	\$1,319.76	\$2,120.39
<b>Blue Shield Access +</b>				\$976.81	\$1,953.62	\$2,539.71
Reimbursement	<b>NOT AVAILABLE</b>		<b>NOT AVAILABLE</b>		\$976.46	\$1,348.65
Differential (Amount Not Reimbursed)				\$0.35	\$604.97	\$1,191.06
<b>Blue Shield EPO</b>				\$976.81	\$1,953.62	\$2,539.71
Reimbursement	<b>NOT AVAILABLE</b>		<b>NOT AVAILABLE</b>		\$976.46	\$1,348.65
Differential (Amount Not Reimbursed)				\$0.35	\$604.97	\$1,191.06
<b>Kaiser Permanente (or Senior Advantage)</b>	\$323.74	\$647.48	\$983.14	\$783.13	\$1,566.26	\$2,036.14
Reimbursement	\$323.39	\$647.13	\$982.79	\$782.78	\$1,348.65	\$1,348.65
Differential (Amount Not Reimbursed)	\$0.35	\$0.35	\$0.35	\$0.35	\$217.61	\$687.49
<b>Western Health Advantage</b>				\$696.88	\$1,393.36	\$1,811.37
Reimbursement	<b>NOT AVAILABLE</b>		<b>NOT AVAILABLE</b>		\$696.53	\$1,348.65
Differential (Amount Not Reimbursed)				\$0.35	\$44.71	\$462.72
<b>PERS Choice (PPO)</b>	\$360.41	\$720.82	\$1,014.91	\$866.95	\$1,733.90	\$2,254.07
Reimbursement	\$360.06	\$720.47	\$1,014.56	\$866.60	\$1,348.65	\$1,348.65
Differential (Amount Not Reimbursed)	\$0.35	\$0.35	\$0.35	\$0.35	\$385.25	\$905.42
<b>PERS Select (PPO)</b>	\$360.41	\$720.82	\$781.18	\$511.34	\$1,022.68	\$1,329.48
Reimbursement	\$360.06	\$720.47	\$780.83	\$510.99	\$1,022.33	\$1,329.13
Differential (Amount Not Reimbursed)	\$0.35	\$0.35	\$0.35	\$0.35	\$0.35	\$0.35
<b>PERS Care (PPO)</b>	\$394.83	\$789.66	\$1,238.61	\$1,085.83	\$2,171.66	\$2,823.16
Reimbursement	\$394.48	\$789.31	\$1,238.26	\$1,085.48	\$1,348.65	\$1,348.65
Differential (Amount Not Reimbursed)	\$0.35	\$0.35	\$0.35	\$0.35	\$823.01	\$1,474.51
<b>United Healthcare**</b>	\$299.37	\$598.74				
Reimbursement	\$299.02	\$598.39	<b>NOT AVAILABLE W/O MEDICARE</b>		<b>NOT AVAILABLE WITHOUT MEDICARE</b>	
Differential (Amount Not Reimbursed)	\$0.35	\$0.35				

**Notes:**

- The maximum reimbursement of insurance premium is \$1349.00.
  - These rates apply only to retirees that are at less than 67 years of age and that are eligible for District paid retirement benefits.
  - If applicable, the **Minimum Employer Contribution** is not deducted from your STRS statement and is not reimbursed to your credit union account.
- \* Beginning January 1, 2019, all reimbursement transactions will be subject to a 35¢ transaction fee. This fee will be deducted from the reimbursement amount.  
 \*\* United Healthcare is an HMO plan that becomes a PPO plan when participants are enrolled in Medicare.

**CalPERS Open Enrollment: September 10 - October 5**



**Out of State**  
(Anywhere outside of California within the United States)  
**2019 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>Kaiser Colorado</b>	\$316.34	\$632.68	\$1,273.39	\$964.68	\$1,929.36	\$2,508.17
Reimbursement	\$315.99	\$632.33	\$1,273.04	\$964.33	\$1,348.65	\$1,348.65
Differential (Amount Not Reimbursed)	\$0.35	\$0.35	\$0.35	\$0.35	\$580.71	\$1,159.52
<b>Kaiser Georgia</b>	\$316.34	\$632.68	\$1,273.39	\$964.68	\$1,929.36	\$2,508.17
Reimbursement	\$315.99	\$632.33	\$1,273.04	\$964.33	\$1,348.65	\$1,348.65
Differential (Amount Not Reimbursed)	\$0.35	\$0.35	\$0.35	\$0.35	\$580.71	\$1,159.52
<b>Kaiser Hawaii</b>	\$316.34	\$632.68	\$1,273.39	\$964.68	\$1,929.36	\$2,508.17
Reimbursement	\$315.99	\$632.33	\$1,273.04	\$964.33	\$1,348.65	\$1,348.65
Differential (Amount Not Reimbursed)	\$0.35	\$0.35	\$0.35	\$0.35	\$580.71	\$1,159.52
<b>Kaiser MidAtlantic</b>	\$316.34	\$632.68	\$1,273.39	\$964.68	\$1,929.36	\$2,508.17
Reimbursement	\$315.99	\$632.33	\$1,273.04	\$964.33	\$1,348.65	\$1,348.65
Differential (Amount Not Reimbursed)	\$0.35	\$0.35	\$0.35	\$0.35	\$580.71	\$1,159.52
<b>Kaiser Northwest</b>	\$316.34	\$632.68	\$1,273.39	\$964.68	\$1,929.36	\$2,508.17
Reimbursement	\$315.99	\$632.33	\$1,273.04	\$964.33	\$1,348.65	\$1,348.65
Differential (Amount Not Reimbursed)	\$0.35	\$0.35	\$0.35	\$0.35	\$580.71	\$1,159.52
<b>PPO PLANS</b>						
<b>PERS Choice (PPO)</b>	\$360.41	\$720.82	\$990.82	\$630.41	\$1,309.00	\$1,701.70
Reimbursement	\$360.41	\$720.82	\$990.82	\$630.41	\$1,309.00	\$1,349.00
Differential (Amount Not Reimbursed)	\$0.35	\$0.35	\$0.35	\$0.35	\$0.35	\$352.35
<b>PERS Care (PPO)</b>	\$394.83	\$789.66	\$1,208.30	\$813.47	\$1,626.94	\$2,115.02
Reimbursement	\$394.83	\$789.66	\$1,208.30	\$813.47	\$1,349.00	\$1,349.00
Differential (Amount Not Reimbursed)	\$0.00	\$0.00	\$0.00	\$0.00	\$277.94	\$766.02
<b>United Healthcare**</b>	\$299.37	\$598.74	<b>NOT AVAILABLE W/O MEDICARE</b>	<b>NOT AVAILABLE WITHOUT MEDICARE</b>		
Reimbursement	\$299.02	\$598.39				
Differential (Amount Not Reimbursed)	\$0.35	\$0.35				

**Notes:**

1. The maximum reimbursement of insurance premium is \$1349.00.
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.

\* Beginning January 1, 2019, all reimbursement transactions will be subject to a 35¢ transaction fee. This fee will be deducted from the reimbursement amount.

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

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