

**Region 1**

Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tuolumne, Yolo, Yuba

**2021 MTA-RSHP Reimbursement Rates for Retirees 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 Reimbursement</b>	NOT AVAILABLE		\$1,285.81 \$499.65	\$935.84 \$499.65	\$1,871.68 \$499.65	\$2,433.18 \$499.65
Differential (Amount Not Reimbursed)			<b>\$786.16</b>	<b>\$436.19</b>	<b>\$1,372.03</b>	<b>\$1,933.53</b>
<b>Anthem Select Reimbursement</b>	\$383.37 \$383.02	\$766.74 \$499.65	\$1,308.97 \$499.65	\$925.60 \$499.65	\$1,851.20 \$499.65	\$2,406.56 \$499.65
Differential (Amount Not Reimbursed)	<b>\$0.35</b>	<b>\$267.09</b>	<b>\$809.32</b>	<b>\$425.95</b>	<b>\$1,351.55</b>	<b>\$1,906.91</b>
<b>Anthem Traditional (or Medicare Preferred) Reimbursement</b>	\$383.37 \$383.02	\$766.74 \$499.65	\$1,691.23 \$499.65	\$1,307.86 \$499.65	\$2,615.72 \$499.65	\$3,400.44 \$499.65
Differential (Amount Not Reimbursed)	<b>\$0.35</b>	<b>\$267.09</b>	<b>\$1,191.58</b>	<b>\$808.21</b>	<b>\$2,116.07</b>	<b>\$2,900.79</b>
<b>Blue Shield Access + OR Blue Shield EPO Reimbursement</b>	NOT AVAILABLE		NOT AVAILABLE		\$1,170.08 \$499.65	\$2,340.16 \$499.65
Differential (Amount Not Reimbursed)					<b>\$670.43</b>	<b>\$1,840.51</b>
<b>Blue Shield Trio Reimbursement</b>	NOT AVAILABLE		NOT AVAILABLE		\$880.50 \$499.65	\$1,761.00 \$499.65
Differential (Amount Not Reimbursed)					<b>\$380.85</b>	<b>\$1,261.35</b>
<b>Health Net SmartCare Reimbursement</b>	NOT AVAILABLE		NOT AVAILABLE		\$1,120.21 \$499.65	\$2,240.42 \$499.65
Differential (Amount Not Reimbursed)					<b>\$620.56</b>	<b>\$1,740.77</b>
<b>Western Health Advantage Reimbursement</b>	NOT AVAILABLE		NOT AVAILABLE		\$757.02 \$499.65	\$1,514.04 \$499.65
Differential (Amount Not Reimbursed)					<b>\$257.37</b>	<b>\$1,014.39</b>
<b>Kaiser Permanente (or Senior Advantage) Reimbursement</b>	\$324.48 \$324.13	\$678.86 \$499.65	\$1,138.12 \$499.65	\$813.64 \$499.65	\$1,627.28 \$499.65	\$2,115.46 \$499.65
Differential (Amount Not Reimbursed)	<b>\$0.35</b>	<b>\$179.21</b>	<b>\$638.47</b>	<b>\$313.99</b>	<b>\$1,127.63</b>	<b>\$1,615.81</b>
<b>PPO PLANS</b>						
<b>PERS Choice (PPO) Reimbursement</b>	\$349.97 \$349.62	\$702.78 \$499.65	\$1,285.81 \$499.65	\$935.84 \$499.65	\$1,871.68 \$499.65	\$2,433.18 \$499.65
Differential (Amount Not Reimbursed)	<b>\$0.35</b>	<b>\$203.13</b>	<b>\$786.16</b>	<b>\$436.19</b>	<b>\$1,372.03</b>	<b>\$1,933.53</b>
<b>PERS Select (PPO) Reimbursement</b>	\$349.97 \$349.62	\$702.78 \$499.65	\$916.64 \$499.65	\$566.67 \$499.65	\$1,133.34 \$499.65	\$1,473.34 \$499.65
Differential (Amount Not Reimbursed)	<b>\$0.35</b>	<b>\$203.13</b>	<b>\$416.99</b>	<b>\$67.02</b>	<b>\$633.69</b>	<b>\$973.69</b>
<b>PERS Care (PPO) Reimbursement</b>	\$381.25 \$380.90	\$769.56 \$499.65	\$1,675.94 \$499.65	\$1,294.69 \$499.65	\$2,589.38 \$499.65	\$3,366.19 \$499.65
Differential (Amount Not Reimbursed)	<b>\$0.35</b>	<b>\$269.91</b>	<b>\$1,176.29</b>	<b>\$795.04</b>	<b>\$2,089.73</b>	<b>\$2,866.54</b>
<b>United Healthcare** Reimbursement</b>	\$311.56 \$311.21	\$654.06 \$499.65	\$1,252.73 \$499.65	\$941.17 \$499.65	\$1,882.34 \$499.65	\$2,447.04 \$499.65
Differential (Amount Not Reimbursed)	<b>\$0.35</b>	<b>\$154.41</b>	<b>\$753.08</b>	<b>\$441.52</b>	<b>\$1,382.69</b>	<b>\$1,947.39</b>

**Notes:**

- The maximum reimbursement of insurance premium is \$500.00.
- These rates apply only to retirees that are 67 years of age or more 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 an account at a banking institution of your choice.
- If applicable, the **Minimum Employer Contribution** is not deducted from your STRS statement and is not reimbursed to your credit union account.

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 21 - October 16, 2020**



**Region 2**

Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare, Ventura

**2021 MTA-RSHP Reimbursement Rates for Retirees 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>			1,058.06	\$674.69	\$1,349.38	\$1,754.19
Reimbursement	<b>NOT AVAILABLE</b>		499.65	\$499.65	\$499.65	\$499.65
Differential (Amount Not Reimbursed)			<b>\$558.41</b>	<b>\$175.04</b>	<b>\$849.73</b>	<b>\$1,254.54</b>
<b>Anthem Traditional</b>	383.37	766.74	1,429.41	\$1,046.04	\$2,092.08	\$2,719.70
Reimbursement	383.02	499.65	499.65	\$499.65	\$499.65	\$499.65
Differential (Amount Not Reimbursed)	<b>0.35</b>	<b>267.09</b>	<b>929.76</b>	<b>\$546.39</b>	<b>\$1,592.43</b>	<b>\$2,220.05</b>
<b>Blue Shield Access +</b>	383.37	766.74		\$938.96	\$1,877.92	\$2,441.30
Reimbursement	383.02	499.65	<b>NOT AVAILABLE</b>	\$499.65	\$499.65	\$499.65
Differential (Amount Not Reimbursed)	<b>0.35</b>	<b>267.09</b>		<b>\$439.31</b>	<b>\$1,378.27</b>	<b>\$1,941.65</b>
<b>Blue Shield Trio</b>				\$722.56	\$1,445.12	\$1,878.66
Reimbursement	<b>NOT AVAILABLE</b>		<b>NOT AVAILABLE</b>	\$499.65	\$499.65	\$499.65
Differential (Amount Not Reimbursed)				<b>\$222.91</b>	<b>\$945.47</b>	<b>\$1,379.01</b>
<b>Health Net Salud y Mas</b>				\$458.66	\$917.32	\$1,192.52
Reimbursement	<b>NOT AVAILABLE</b>		<b>NOT AVAILABLE</b>	\$458.31	\$499.65	\$499.65
Differential (Amount Not Reimbursed)				<b>\$0.35</b>	<b>\$417.67</b>	<b>\$692.87</b>
<b>Health Net SmartCare</b>				\$769.11	\$1,538.22	\$1,999.69
Reimbursement	<b>NOT AVAILABLE</b>		<b>NOT AVAILABLE</b>	\$499.65	\$499.65	\$499.65
Differential (Amount Not Reimbursed)				<b>\$269.46</b>	<b>\$1,038.57</b>	<b>\$1,500.04</b>
<b>Kaiser Permanente (or Senior Advantage)</b>	324.48	678.86	994.25	\$669.77	\$1,339.54	\$1,741.40
Reimbursement	324.13	499.65	499.65	\$499.65	\$499.65	\$499.65
Differential (Amount Not Reimbursed)	<b>0.35</b>	<b>179.21</b>	<b>494.60</b>	<b>\$170.12</b>	<b>\$839.89</b>	<b>\$1,241.75</b>
<b>PPO PLANS</b>						
<b>PERS Choice (PPO)</b>	\$349.97	\$702.78	\$1,133.16	\$783.19	\$1,566.38	\$2,036.29
Reimbursement	\$349.62	\$499.65	\$499.65	\$499.65	\$499.65	\$499.65
Differential (Amount Not Reimbursed)	<b>\$0.35</b>	<b>\$203.13</b>	<b>\$633.51</b>	<b>\$283.54</b>	<b>\$1,066.73</b>	<b>\$1,536.64</b>
<b>PERS Select (PPO)</b>	\$349.97	\$702.78	\$826.89	\$476.92	\$953.84	\$1,239.99
Reimbursement	\$349.62	\$499.65	\$499.65	\$476.57	\$499.65	\$499.65
Differential (Amount Not Reimbursed)	<b>\$0.35</b>	<b>\$203.13</b>	<b>\$327.24</b>	<b>\$0.35</b>	<b>\$454.19</b>	<b>\$740.34</b>
<b>PERS Care (PPO)</b>	\$381.25	\$769.56	\$1,496.93	\$1,115.68	\$2,231.36	\$2,900.77
Reimbursement	\$380.90	\$499.65	\$499.65	\$499.65	\$499.65	\$499.65
Differential (Amount Not Reimbursed)	<b>\$0.35</b>	<b>\$269.91</b>	<b>\$997.28</b>	<b>\$616.03</b>	<b>\$1,731.71</b>	<b>\$2,401.12</b>
<b>United Healthcare**</b>	\$311.56	\$654.06	\$1,035.40	\$723.84	\$1,447.68	\$1,881.98
Reimbursement	\$311.21	\$499.65	\$499.65	\$499.65	\$499.65	\$499.65
Differential (Amount Not Reimbursed)	<b>\$0.35</b>	<b>\$154.41</b>	<b>\$535.75</b>	<b>\$224.19</b>	<b>\$948.03</b>	<b>\$1,382.33</b>

**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 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 an account at a banking institution of your choice.
4. If applicable, the **Minimum Employer Contribution** is not deducted from your STRS statement and is not reimbursed to your credit union account.

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 21 - October 16, 2020**



**Region 3**

Los Angeles, Riverside, San Bernardino

**2021 MTA-RSHP Reimbursement Rates for Retirees 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>			1,022.47	\$639.10	\$1,278.20	\$1,661.66
Reimbursement	NOT AVAILABLE		499.65	\$499.65	\$499.65	\$499.65
Differential (Amount Not Reimbursed)			\$522.82	\$139.45	\$778.55	\$1,162.01
<b>Anthem Traditional</b>	383.37	766.74	1,367.58	\$984.21	\$1,968.42	\$2,558.95
Reimbursement	383.02	499.65	499.65	\$499.65	\$499.65	\$499.65
Differential (Amount Not Reimbursed)	0.35	267.09	867.93	\$484.56	\$1,468.77	\$2,059.30
<b>Blue Shield Access +</b>	383.37	766.74		\$834.88	\$1,669.76	\$2,170.69
Reimbursement	383.02	499.65	NOT AVAILABLE	\$499.65	\$499.65	\$499.65
Differential (Amount Not Reimbursed)	0.35	267.09		\$335.23	\$1,170.11	\$1,671.04
<b>Blue Shield Trio</b>				\$660.49	\$1,320.98	\$1,717.27
Reimbursement	NOT AVAILABLE		NOT AVAILABLE	\$499.65	\$499.65	\$499.65
Differential (Amount Not Reimbursed)				\$160.84	\$821.33	\$1,217.62
<b>Health Net Salud y Mas</b>				\$412.88	\$825.76	\$1,073.49
Reimbursement	NOT AVAILABLE		NOT AVAILABLE	\$412.53	\$499.65	\$499.65
Differential (Amount Not Reimbursed)				\$0.35	\$326.11	\$573.84
<b>Health Net SmartCare</b>				\$691.48	\$1,382.96	\$1,797.85
Reimbursement	NOT AVAILABLE		NOT AVAILABLE	\$499.65	\$499.65	\$499.65
Differential (Amount Not Reimbursed)				\$191.83	\$883.31	\$1,298.20
<b>Kaiser Permanente (or Senior Advantage)</b>	324.48	678.86	994.32	\$669.84	\$1,339.68	\$1,741.58
Reimbursement	324.13	499.65	499.65	\$499.65	\$499.65	\$499.65
Differential (Amount Not Reimbursed)	0.35	179.21	494.67	\$170.19	\$840.03	\$1,241.93
<b>PPO PLANS</b>						
<b>PERS Choice (PPO)</b>	\$349.97	\$702.78	\$1,111.20	\$761.23	\$1,522.46	\$1,979.20
Reimbursement	\$349.62	\$499.65	\$499.65	\$499.65	\$499.65	\$499.65
Differential (Amount Not Reimbursed)	\$0.35	\$203.13	\$611.55	\$261.58	\$1,022.81	\$1,479.55
<b>PERS Select (PPO)</b>	\$349.97	\$702.78	\$809.91	\$459.94	\$919.88	\$1,195.84
Reimbursement	\$349.62	\$499.65	\$499.65	\$459.59	\$499.65	\$499.65
Differential (Amount Not Reimbursed)	\$0.35	\$203.13	\$310.26	\$0.35	\$420.23	\$696.19
<b>PERS Care (PPO)</b>	\$381.25	\$769.56	\$1,417.32	\$1,036.07	\$2,072.14	\$2,693.78
Reimbursement	\$380.90	\$499.65	\$499.65	\$499.65	\$499.65	\$499.65
Differential (Amount Not Reimbursed)	\$0.35	\$269.91	\$917.67	\$536.42	\$1,572.49	\$2,194.13
<b>United Healthcare**</b>	\$311.56	\$654.06	\$1,032.45	\$720.89	\$1,441.78	\$1,874.31
Reimbursement	\$311.21	\$499.65	\$499.65	\$499.65	\$499.65	\$499.65
Differential (Amount Not Reimbursed)	\$0.35	\$154.41	\$532.80	\$221.24	\$942.13	\$1,374.66

**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 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 an account at a banking institution of your choice.
4. If applicable, the **Minimum Employer Contribution** is not deducted from your STRS statement and is not reimbursed to your credit union account.

All reimbursement transactions will be subject to a 35¢ transaction fee. This fee will be deducted from the reimbursement amount.

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**CalPERS Open Enrollment: September 21 - October 16, 2020**



**Out of State**  
 (Anywhere outside of California within the United States)  
**2021 MTA-RSHP Reimbursement Rates for Retirees 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>	\$317.48	\$634.96	\$1,357.63	\$1,040.15	\$2,080.30	\$2,704.39
Reimbursement	\$317.13	\$499.65	\$499.65	\$499.65	\$499.65	\$499.65
Differential (Amount Not Reimbursed)	\$0.35	\$135.31	\$857.98	\$540.50	\$1,580.65	\$2,204.74
<b>Kaiser Georgia</b>	\$317.48	\$634.96	\$1,357.63	\$1,040.15	\$2,080.30	\$2,704.39
Reimbursement	\$317.13	\$499.65	\$499.65	\$499.65	\$499.65	\$499.65
Differential (Amount Not Reimbursed)	\$0.35	\$135.31	\$857.98	\$540.50	\$1,580.65	\$2,204.74
<b>Kaiser Hawaii</b>	\$317.48	\$634.96	\$1,357.63	\$1,040.15	\$2,080.30	\$2,704.39
Reimbursement	\$317.13	\$499.65	\$499.65	\$499.65	\$499.65	\$499.65
Differential (Amount Not Reimbursed)	\$0.35	\$135.31	\$857.98	\$540.50	\$1,580.65	\$2,204.74
<b>Kaiser MidAtlantic</b>	\$317.48	\$634.96	\$1,357.63	\$1,040.15	\$2,080.30	\$2,704.39
Reimbursement	\$317.13	\$499.65	\$499.65	\$499.65	\$499.65	\$499.65
Differential (Amount Not Reimbursed)	\$0.35	\$135.31	\$857.98	\$540.50	\$1,580.65	\$2,204.74
<b>Kaiser Northwest</b>	\$317.48	\$634.96	\$1,357.63	\$1,040.15	\$2,080.30	\$2,704.39
Reimbursement	\$317.13	\$499.65	\$499.65	\$499.65	\$499.65	\$499.65
Differential (Amount Not Reimbursed)	\$0.35	\$135.31	\$857.98	\$540.50	\$1,580.65	\$2,204.74
<b>Kaiser Washington</b>	\$317.48	\$634.96	\$1,357.63	\$1,040.15	\$2,080.30	\$2,704.39
Reimbursement	\$317.13	\$499.65	\$499.65	\$499.65	\$499.65	\$499.65
Differential (Amount Not Reimbursed)	\$0.35	\$135.31	\$857.98	\$540.50	\$1,580.65	\$2,204.74
<b>PPO PLANS</b>						
<b>PERS Choice (PPO)</b>	\$349.97	\$699.94	\$1,199.20	\$849.23	\$1,698.46	\$2,208.00
Reimbursement	\$349.62	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00
Differential (Amount Not Reimbursed)	\$0.35	\$199.59	\$698.85	\$348.88	\$1,198.11	\$1,707.65
<b>PERS Care (PPO)</b>	\$381.25	\$762.50	\$1,493.12	\$1,111.87	\$2,223.74	\$2,890.86
Reimbursement	\$380.90	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00
Differential (Amount Not Reimbursed)	\$0.35	\$262.15	\$992.77	\$611.52	\$1,723.39	\$2,390.51
<b>United Healthcare**</b>	\$311.56	\$623.12	NOT AVAILABLE W/O MEDICARE	NOT AVAILABLE WITHOUT MEDICARE		
Reimbursement	\$311.21	\$499.65				
Differential (Amount Not Reimbursed)	\$0.35	\$123.47				

**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 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 an account at a banking institution of your choice.
4. If applicable, the **Minimum Employer Contribution** is not deducted from your STRS statement and is not reimbursed to your credit union account.

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