

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

2022 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 |
|---|----------------------|-----------------------------|---------------------------------|------------------------|-------------------------------|------------------------------|
| HMO PLANS | | | | | | |
| Anthem Del Norte Reimbursement | NOT AVAILABLE | | \$1,438.95 \$499.65 | \$1,057.01 \$499.65 | \$2,114.02 \$499.65 | \$2,748.23 \$499.65 |
| Differential (Amount Not Reimbursed) | | | \$939.30 | \$557.36 | \$1,614.37 | \$2,248.58 |
| Anthem Select Reimbursement | \$360.19 \$359.84 | \$720.38 \$499.65 | \$1,376.00 \$499.65 | \$1,015.81 \$499.65 | \$2,031.62 \$499.65 | \$2,641.11 \$499.65 |
| Differential (Amount Not Reimbursed) | \$0.35 | \$220.73 | \$876.35 | \$516.16 | \$1,531.97 | \$2,141.46 |
| Anthem Traditional (or Medicare Preferred) Reimbursement | \$360.19 \$359.84 | \$720.38 \$499.65 | \$1,664.19 \$499.65 | \$1,304.00 \$499.65 | \$2,608.00 \$499.65 | \$3,390.40 \$499.65 |
| Differential (Amount Not Reimbursed) | \$0.35 | \$220.73 | \$1,164.54 | \$804.35 | \$2,108.35 | \$2,890.75 |
| Blue Shield Access + OR Blue Shield EPO Reimbursement | \$353.11 \$352.76 | \$706.22 \$499.65 | \$1,469.12 \$499.65 | \$1,116.01 \$499.65 | \$2,232.02 \$499.65 | \$2,901.63 \$499.65 |
| Differential (Amount Not Reimbursed) | \$0.35 | \$206.57 | \$969.47 | \$616.36 | \$1,732.37 | \$2,401.98 |
| Blue Shield Trio Reimbursement | NOT AVAILABLE | | \$1,251.65 \$499.65 | \$898.54 \$499.65 | \$1,797.08 \$499.65 | \$2,336.20 \$499.65 |
| Differential (Amount Not Reimbursed) | | | \$752.00 | \$398.89 | \$1,297.43 | \$1,836.55 |
| Health Net SmartCare Reimbursement | NOT AVAILABLE | | NOT AVAILABLE | \$1,153.00 \$499.65 | \$2,306.00 \$499.65 | \$2,997.80 \$499.65 |
| Differential (Amount Not Reimbursed) | | | | \$653.35 | \$1,806.35 | \$2,498.15 |
| Western Health Advantage Reimbursement | \$314.94 \$314.59 | \$629.88 \$499.65 | \$1,056.20 \$499.65 | \$741.26 \$499.65 | \$1,482.52 \$499.65 | \$1,927.28 \$499.65 |
| Differential (Amount Not Reimbursed) | \$0.35 | \$130.23 | \$556.55 | \$241.61 | \$982.87 | \$1,427.63 |
| Kaiser Permanente (or Senior Advantage) Reimbursement | \$302.53 \$302.18 | \$605.06 \$499.65 | \$1,159.59 \$499.65 | \$857.06 \$499.65 | \$1,714.12 \$499.65 | \$2,228.36 \$499.65 |
| Differential (Amount Not Reimbursed) | \$0.35 | \$105.41 | \$659.94 | \$357.41 | \$1,214.47 | \$1,728.71 |
| PPO PLANS | | | | | | |
| PERS Gold (PPO) Reimbursement | \$377.41 \$377.06 | \$754.82 \$499.65 | \$1,078.64 \$499.65 | \$701.23 \$499.65 | \$1,402.46 \$499.65 | \$1,823.20 \$499.65 |
| Differential (Amount Not Reimbursed) | \$0.35 | \$255.17 | \$578.99 | \$201.58 | \$902.81 | \$1,323.55 |
| PERS Platinum (PPO) Reimbursement | \$381.94 \$381.59 | \$763.88 \$499.65 | \$1,438.95 \$499.65 | \$1,057.01 \$499.65 | \$2,114.02 \$499.65 | \$2,748.23 \$499.65 |
| Differential (Amount Not Reimbursed) | \$0.35 | \$264.23 | \$939.30 | \$557.36 | \$1,614.37 | \$2,248.58 |
| United Healthcare** Reimbursement | \$294.65 \$294.30 | \$589.30 \$499.65 | \$1,314.93 \$499.65 | \$1,020.28 \$499.65 | \$2,040.56 \$499.65 | \$2,652.73 \$499.65 |
| Differential (Amount Not Reimbursed) | \$0.35 | \$89.65 | \$815.28 | \$520.63 | \$1,540.91 | \$2,153.08 |

- 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 20 - October 15, 2021



Region 2

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

2022 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 |
|--|---------------|-----------------------------|---------------------------------|----------------|-------------------------------|------------------------------|
| HMO PLANS | | | | | | |
| Anthem Select | \$360.19 | \$720.38 | \$1,072.62 | \$712.43 | \$1,424.86 | \$1,852.32 |
| Reimbursement | \$359.84 | \$499.65 | \$499.65 | \$499.65 | \$499.65 | \$499.65 |
| Differential (Amount Not Reimbursed) | \$0.35 | \$220.73 | \$572.97 | \$212.78 | \$925.21 | \$1,352.67 |
| Anthem Traditional (or Medicare Preferred) | \$360.19 | \$720.38 | \$1,367.32 | \$1,007.13 | \$2,014.26 | \$2,618.54 |
| Reimbursement | \$359.84 | \$499.65 | \$499.65 | \$499.65 | \$499.65 | \$499.65 |
| Differential (Amount Not Reimbursed) | \$0.35 | \$220.73 | \$867.67 | \$507.48 | \$1,514.61 | \$2,118.89 |
| Blue Shield Access + OR Blue Shield EPO | \$360.19 | \$720.38 | \$1,253.33 | \$900.22 | \$1,800.44 | \$2,340.57 |
| Reimbursement | \$359.84 | \$499.65 | \$499.65 | \$499.65 | \$499.65 | \$499.65 |
| Differential (Amount Not Reimbursed) | \$0.35 | \$220.73 | \$753.68 | \$400.57 | \$1,300.79 | \$1,840.92 |
| Blue Shield Trio <small>available only in El Dorado, Nevada, Placer, Sacramento, Santa Cruz, Stanislaus and Yolo counties</small> | \$353.11 | \$706.22 | \$1,095.81 | \$742.70 | \$1,485.40 | \$1,931.02 |
| Reimbursement | \$352.76 | \$499.65 | \$499.65 | \$499.65 | \$499.65 | \$499.65 |
| Differential (Amount Not Reimbursed) | \$0.35 | \$206.57 | \$596.16 | \$243.05 | \$985.75 | \$1,431.37 |
| Health Net Salud y Mas | NOT AVAILABLE | | NOT AVAILABLE | | \$548.26 | \$1,425.48 |
| Reimbursement | NOT AVAILABLE | | NOT AVAILABLE | | \$499.65 | \$499.65 |
| Differential (Amount Not Reimbursed) | NOT AVAILABLE | | NOT AVAILABLE | | \$48.61 | \$925.83 |
| Health Net SmartCare | NOT AVAILABLE | | NOT AVAILABLE | | \$845.69 | \$2,198.79 |
| Reimbursement | NOT AVAILABLE | | NOT AVAILABLE | | \$499.65 | \$499.65 |
| Differential (Amount Not Reimbursed) | NOT AVAILABLE | | NOT AVAILABLE | | \$346.04 | \$1,699.14 |
| Kaiser Permanente (or Senior Advantage) | \$302.53 | \$605.06 | \$1,008.55 | \$706.02 | \$1,412.04 | \$1,835.65 |
| Reimbursement | \$302.18 | \$499.65 | \$499.65 | \$499.65 | \$499.65 | \$499.65 |
| Differential (Amount Not Reimbursed) | \$0.35 | \$105.41 | \$508.90 | \$206.37 | \$912.39 | \$1,336.00 |
| PPO PLANS | | | | | | |
| PERS Gold (PPO) | \$377.41 | \$754.82 | \$965.19 | \$587.78 | \$1,175.56 | \$1,528.23 |
| Reimbursement | \$377.06 | \$499.65 | \$499.65 | \$499.65 | \$499.65 | \$499.65 |
| Differential (Amount Not Reimbursed) | \$0.35 | \$255.17 | \$465.54 | \$88.13 | \$675.91 | \$1,028.58 |
| PERS Platinum (PPO) | \$381.94 | \$763.88 | \$1,264.12 | \$882.18 | \$1,764.36 | \$2,293.67 |
| Reimbursement | \$381.59 | \$499.65 | \$499.65 | \$499.65 | \$499.65 | \$499.65 |
| Differential (Amount Not Reimbursed) | \$0.35 | \$264.23 | \$764.47 | \$382.53 | \$1,264.71 | \$1,794.02 |
| United Healthcare** | \$294.65 | \$589.30 | \$1,069.74 | \$782.74 | \$1,565.48 | \$2,035.12 |
| Reimbursement | \$294.30 | \$499.65 | \$499.65 | \$499.65 | \$499.65 | \$499.65 |
| Differential (Amount Not Reimbursed) | \$0.35 | \$89.65 | \$570.09 | \$283.09 | \$1,065.83 | \$1,535.47 |

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.

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 20 - October 15, 2021



Region 3

Los Angeles, Riverside, San Bernardino

2022 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 |
|---|---------------|-----------------------------|---------------------------------|----------------|-------------------------------|------------------------------|
| HMO PLANS | | | | | | |
| Anthem Select | | | \$1,036.67 | \$676.48 | \$1,352.96 | \$1,758.85 |
| Reimbursement | NOT AVAILABLE | | \$499.65 | \$499.65 | \$499.65 | \$499.65 |
| Differential (Amount Not Reimbursed) | | | \$537.02 | \$176.83 | \$853.31 | \$1,259.20 |
| Anthem Traditional (or Medicare Preferred) | \$360.19 | \$720.38 | \$1,295.76 | \$935.57 | \$1,871.14 | \$2,432.48 |
| Reimbursement | \$359.84 | \$499.65 | \$499.65 | \$499.65 | \$499.65 | \$499.65 |
| Differential (Amount Not Reimbursed) | \$0.35 | \$220.73 | \$796.11 | \$435.92 | \$1,371.49 | \$1,932.83 |
| Blue Shield Access + OR Blue Shield EPO | \$360.19 | \$720.38 | \$1,132.96 | \$779.87 | \$1,559.74 | \$2,027.66 |
| Reimbursement | \$359.84 | \$499.65 | \$499.65 | \$499.65 | \$499.65 | \$499.65 |
| Differential (Amount Not Reimbursed) | \$0.35 | \$220.73 | \$633.31 | \$280.22 | \$1,060.09 | \$1,528.01 |
| Blue Shield Trio | \$353.11 | \$706.22 | \$1,021.24 | \$668.13 | \$1,336.26 | \$1,737.14 |
| Reimbursement | \$352.76 | \$499.65 | \$499.65 | \$499.65 | \$499.65 | \$499.65 |
| Differential (Amount Not Reimbursed) | \$0.35 | \$206.57 | \$521.59 | \$168.48 | \$836.61 | \$1,237.49 |
| HealthNet Salud y Mas | | | | \$463.87 | \$927.74 | \$1,206.06 |
| Reimbursement | NOT AVAILABLE | | NOT AVAILABLE | \$463.52 | \$499.65 | \$499.65 |
| Differential (Amount Not Reimbursed) | | | | \$0.35 | \$428.09 | \$706.41 |
| Health Net SmartCare | | | | \$764.96 | \$1,529.92 | \$1,988.90 |
| Reimbursement | NOT AVAILABLE | | NOT AVAILABLE | \$499.65 | \$499.65 | \$499.65 |
| Differential (Amount Not Reimbursed) | | | | \$265.31 | \$1,030.27 | \$1,489.25 |
| Kaiser Permanente (or Senior Advantage) | \$302.53 | \$605.06 | \$1,022.31 | \$719.78 | \$1,439.56 | \$1,871.43 |
| Reimbursement | \$302.18 | \$499.65 | \$499.65 | \$499.65 | \$499.65 | \$499.65 |
| Differential (Amount Not Reimbursed) | \$0.35 | \$105.41 | \$522.66 | \$220.13 | \$939.91 | \$1,371.78 |
| PPO PLANS | | | | | | |
| PERS Gold (PPO) | \$377.41 | \$754.82 | \$952.97 | \$575.56 | \$1,151.12 | \$1,496.46 |
| Reimbursement | \$377.06 | \$499.65 | \$499.65 | \$499.65 | \$499.65 | \$499.65 |
| Differential (Amount Not Reimbursed) | \$0.35 | \$255.17 | \$453.32 | \$75.91 | \$651.47 | \$996.81 |
| PERS Platinum (PPO) | \$381.94 | \$763.88 | \$1,245.31 | \$863.37 | \$1,726.74 | \$2,244.76 |
| Reimbursement | \$381.59 | \$499.65 | \$499.65 | \$499.65 | \$499.65 | \$499.65 |
| Differential (Amount Not Reimbursed) | \$0.35 | \$264.23 | \$745.66 | \$363.72 | \$1,227.09 | \$1,745.11 |
| United Healthcare** | \$294.65 | \$589.30 | \$1,066.50 | \$771.85 | \$1,543.70 | \$2,006.81 |
| Reimbursement | \$294.30 | \$499.65 | \$499.65 | \$499.65 | \$499.65 | \$499.65 |
| Differential (Amount Not Reimbursed) | \$0.35 | \$89.65 | \$566.85 | \$272.20 | \$1,044.05 | \$1,507.16 |

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 20 - October 15, 2021



Out of State
(Anywhere outside of California within the United States)
2022 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 |
|--|--------------|-----------------------------|---------------------------------|---|-------------------------------|------------------------------|
| HMO PLANS | | | | | | |
| Kaiser Permanente - Colorado | \$295.52 | \$591.04 | \$1,434.47 | \$1,138.95 | \$2,277.90 | \$2,961.27 |
| Reimbursement | \$295.17 | \$499.65 | \$499.65 | \$499.65 | \$499.65 | \$499.65 |
| Differential (Amount Not Reimbursed) | \$0.35 | \$91.39 | \$934.82 | \$639.30 | \$1,778.25 | \$2,461.62 |
| Kaiser Permanente - Georgia | \$295.52 | \$591.04 | \$1,434.47 | \$1,138.95 | \$2,277.90 | \$2,961.27 |
| Reimbursement | \$295.17 | \$499.65 | \$499.65 | \$499.65 | \$499.65 | \$499.65 |
| Differential (Amount Not Reimbursed) | \$0.35 | \$91.39 | \$934.82 | \$639.30 | \$1,778.25 | \$2,461.62 |
| Kaiser Permanente - Hawaii | \$295.52 | \$591.04 | \$1,434.47 | \$1,138.95 | \$2,277.90 | \$2,961.27 |
| Reimbursement | \$295.17 | \$499.65 | \$499.65 | \$499.65 | \$499.65 | \$499.65 |
| Differential (Amount Not Reimbursed) | \$0.35 | \$91.39 | \$934.82 | \$639.30 | \$1,778.25 | \$2,461.62 |
| Kaiser Permanente - MidAtlantic | \$295.52 | \$591.04 | \$1,434.47 | \$1,138.95 | \$2,277.90 | \$2,961.27 |
| Reimbursement | \$295.17 | \$499.65 | \$499.65 | \$499.65 | \$499.65 | \$499.65 |
| Differential (Amount Not Reimbursed) | \$0.35 | \$91.39 | \$934.82 | \$639.30 | \$1,778.25 | \$2,461.62 |
| Kaiser Permanente - Northwest | \$295.52 | \$591.04 | \$1,434.47 | \$1,138.95 | \$2,277.90 | \$2,961.27 |
| Reimbursement | \$295.17 | \$499.65 | \$499.65 | \$499.65 | \$499.65 | \$499.65 |
| Differential (Amount Not Reimbursed) | \$0.35 | \$91.39 | \$934.82 | \$639.30 | \$1,778.25 | \$2,461.62 |
| Kaiser Permanente - Washington | \$295.52 | \$591.04 | \$1,434.47 | \$1,138.95 | \$2,277.90 | \$2,961.27 |
| Reimbursement | \$295.17 | \$499.65 | \$499.65 | \$499.65 | \$499.65 | \$499.65 |
| Differential (Amount Not Reimbursed) | \$0.35 | \$91.39 | \$934.82 | \$639.30 | \$1,778.25 | \$2,461.62 |
| Blue Shield Medicare | \$353.11 | \$706.22 | NOT AVAILABLE | NOT AVAILABLE FOR NON-MEDICARE PARTICIPANTS | | |
| Reimbursement | \$352.76 | \$499.65 | | | | |
| Differential (Amount Not Reimbursed) | \$0.35 | \$206.57 | | | | |
| PPO PLANS | | | | | | |
| PERS Platinum (PPO) | \$381.94 | \$763.88 | \$1,328.72 | \$946.78 | \$1,893.56 | \$2,461.63 |
| Reimbursement | \$381.59 | \$499.65 | \$499.65 | \$499.65 | \$499.65 | \$499.65 |
| Differential (Amount Not Reimbursed) | \$0.35 | \$264.23 | \$829.07 | \$447.13 | \$1,393.91 | \$1,961.98 |
| United Healthcare** | \$294.65 | \$589.30 | NOT AVAILABLE | NOT AVAILABLE FOR NON-MEDICARE PARTICIPANTS | | |
| Reimbursement | \$294.30 | \$499.65 | | | | |
| Differential (Amount Not Reimbursed) | \$0.35 | \$89.65 | | | | |

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 20 - October 15, 2021

