

**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 MUSD 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 Del Norte Reimbursement</b>	<b>NOT AVAILABLE</b>		\$1,438.95 \$1,438.60	\$1,057.01 \$1,056.66	\$2,114.02 \$1,466.65	\$2,748.23 \$1,466.65
Differential (Amount Not Reimbursed)			<b>\$0.35</b>	<b>\$0.35</b>	<b>\$647.37</b>	<b>\$1,281.58</b>
<b>Anthem Select Reimbursement</b>	\$360.19 \$359.84	\$720.38 \$720.03	\$1,376.00 \$1,375.65	\$1,015.81 \$1,015.46	\$2,031.62 \$1,466.65	\$2,641.11 \$1,466.65
Differential (Amount Not Reimbursed)	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$564.97</b>	<b>\$1,174.46</b>
<b>Anthem Traditional (or Medicare Preferred) Reimbursement</b>	\$360.19 \$359.84	\$720.38 \$720.03	\$1,664.19 \$1,466.65	\$1,304.00 \$1,303.65	\$2,608.00 \$1,466.65	\$3,390.40 \$1,466.65
Differential (Amount Not Reimbursed)	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$197.54</b>	<b>\$0.35</b>	<b>\$1,141.35</b>	<b>\$1,923.75</b>
<b>Blue Shield Access + OR Blue Shield EPO Reimbursement</b>	\$353.11 \$352.76	\$706.22 \$705.87	\$1,469.12 \$1,466.65	\$1,116.01 \$1,115.66	\$2,232.02 \$1,466.65	\$2,901.63 \$1,466.65
Differential (Amount Not Reimbursed)	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$2.47</b>	<b>\$0.35</b>	<b>\$765.37</b>	<b>\$1,434.98</b>
<b>Blue Shield Trio Reimbursement</b>	<b>NOT AVAILABLE</b>		\$1,251.65 \$1,251.30	\$898.54 \$898.19	\$1,797.08 \$1,466.65	\$2,336.20 \$1,466.65
Differential (Amount Not Reimbursed)			<b>\$0.35</b>	<b>\$0.35</b>	<b>\$330.43</b>	<b>\$869.55</b>
<b>Health Net SmartCare Reimbursement</b>	<b>NOT AVAILABLE</b>		<b>NOT AVAILABLE</b>	\$1,153.00 \$1,152.65	\$2,306.00 \$1,466.65	\$2,997.80 \$1,466.65
Differential (Amount Not Reimbursed)				<b>\$0.35</b>	<b>\$839.35</b>	<b>\$1,531.15</b>
<b>Western Health Advantage Reimbursement</b>	\$314.94 \$314.59	\$629.88 \$629.53	\$1,056.20 \$1,055.85	\$741.26 \$740.91	\$1,482.52 \$1,466.65	\$1,927.28 \$1,466.65
Differential (Amount Not Reimbursed)	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$15.87</b>	<b>\$460.63</b>
<b>Kaiser Permanente (or Senior Advantage) Reimbursement</b>	\$302.53 \$302.18	\$605.06 \$604.71	\$1,159.59 \$1,159.24	\$857.06 \$856.71	\$1,714.12 \$1,466.65	\$2,228.36 \$1,466.65
Differential (Amount Not Reimbursed)	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$247.47</b>	<b>\$761.71</b>
<b>PPO PLANS</b>						
<b>PERS Gold (PPO) Reimbursement</b>	\$377.41 \$377.06	\$754.82 \$754.47	\$1,078.64 \$1,078.29	\$701.23 \$700.88	\$1,402.46 \$1,402.11	\$1,823.20 \$1,466.65
Differential (Amount Not Reimbursed)	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$356.55</b>
<b>PERS Platinum (PPO) Reimbursement</b>	\$381.94 \$381.59	\$763.88 \$763.53	\$1,438.95 \$1,438.60	\$1,057.01 \$1,056.66	\$2,114.02 \$1,466.65	\$2,748.23 \$1,466.65
Differential (Amount Not Reimbursed)	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$647.37</b>	<b>\$1,281.58</b>
<b>United Healthcare** Reimbursement</b>	\$294.65 \$294.30	\$589.30 \$588.95	\$1,314.93 \$1,314.58	\$1,020.28 \$1,019.93	\$2,040.56 \$1,466.65	\$2,652.73 \$1,466.65
Differential (Amount Not Reimbursed)	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$573.91</b>	<b>\$1,186.08</b>

- Notes:**
- The maximum reimbursement of insurance premium is \$1467.00.
  - 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 20 - October 15, 2021**



## Region 2

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

### 2022 MUSD 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>	\$360.19	\$720.38	\$1,072.62	\$712.43	\$1,424.86	\$1,852.32
Reimbursement	\$359.84	\$720.03	\$1,072.27	\$712.08	\$1,424.51	\$1,466.65
Differential (Amount Not Reimbursed)	\$0.35	\$0.35	\$0.35	\$0.35	\$0.35	\$385.67
<b>Anthem Traditional (or Medicare Preferred)</b>	\$360.19	\$720.38	\$1,367.32	\$1,007.13	\$2,014.26	\$2,618.54
Reimbursement	\$359.84	\$720.03	\$1,366.97	\$1,006.78	\$1,466.65	\$1,466.65
Differential (Amount Not Reimbursed)	\$0.35	\$0.35	\$0.35	\$0.35	\$547.61	\$1,151.89
<b>Blue Shield Access + OR Blue Shield EPO</b>	\$360.19	\$720.38	\$1,253.33	\$900.22	\$1,800.44	\$2,340.57
Reimbursement	\$359.84	\$720.03	\$1,252.98	\$899.87	\$1,466.65	\$1,466.65
Differential (Amount Not Reimbursed)	\$0.35	\$0.35	\$0.35	\$0.35	\$333.79	\$873.92
<b>Blue Shield Trio</b>	\$353.11	\$706.22	\$1,095.81	\$742.70	\$1,485.40	\$1,931.02
Reimbursement	\$352.76	\$705.87	\$1,095.46	\$742.35	\$1,466.65	\$1,466.65
Differential (Amount Not Reimbursed)	\$0.35	\$0.35	\$0.35	\$0.35	\$18.75	\$464.37
<b>Health Net Salud y Mas</b>	NOT AVAILABLE		NOT AVAILABLE		\$548.26	\$1,425.48
Reimbursement	NOT AVAILABLE		NOT AVAILABLE		\$547.91	\$1,425.13
Differential (Amount Not Reimbursed)	NOT AVAILABLE		NOT AVAILABLE		\$0.35	\$0.35
<b>Health Net SmartCare</b>	NOT AVAILABLE		NOT AVAILABLE		\$845.69	\$2,198.79
Reimbursement	NOT AVAILABLE		NOT AVAILABLE		\$845.34	\$1,466.65
Differential (Amount Not Reimbursed)	NOT AVAILABLE		NOT AVAILABLE		\$0.35	\$732.14
<b>Kaiser Permanente (or Senior Advantage)</b>	\$302.53	\$605.06	\$1,008.55	\$706.02	\$1,412.04	\$1,835.65
Reimbursement	\$302.18	\$604.71	\$1,008.20	\$705.67	\$1,411.69	\$1,466.65
Differential (Amount Not Reimbursed)	\$0.35	\$0.35	\$0.35	\$0.35	\$0.35	\$369.00
<b>PPO PLANS</b>						
<b>PERS Gold (PPO)</b>	\$377.41	\$754.82	\$965.19	\$587.78	\$1,175.56	\$1,528.23
Reimbursement	\$377.06	\$754.47	\$964.84	\$587.43	\$1,175.21	\$1,466.65
Differential (Amount Not Reimbursed)	\$0.35	\$0.35	\$0.35	\$0.35	\$0.35	\$61.58
<b>PERS Platinum (PPO)</b>	\$381.94	\$763.88	\$1,264.12	\$882.18	\$1,764.36	\$2,293.67
Reimbursement	\$381.59	\$763.53	\$1,263.77	\$881.83	\$1,466.65	\$1,466.65
Differential (Amount Not Reimbursed)	\$0.35	\$0.35	\$0.35	\$0.35	\$297.71	\$827.02
<b>United Healthcare**</b>	\$294.65	\$589.30	\$1,069.74	\$782.74	\$1,565.48	\$2,035.12
Reimbursement	\$294.30	\$588.95	\$1,069.39	\$782.39	\$1,466.65	\$1,466.65
Differential (Amount Not Reimbursed)	\$0.35	\$0.35	\$0.35	\$0.35	\$98.83	\$568.47

**Notes:**

1. The maximum reimbursement of insurance premium is \$1467.00.
  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 3

Los Angeles, Riverside, San Bernardino

2022 MUSD 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>			\$1,036.67	\$676.48	\$1,352.96	\$1,758.85
Reimbursement	NOT AVAILABLE		\$1,036.32	\$676.13	\$1,352.61	\$1,466.65
Differential (Amount Not Reimbursed)			\$0.35	\$0.35	\$0.35	\$292.20
<b>Anthem Traditional (or Medicare Preferred)</b>	\$360.19	\$720.38	\$1,295.76	\$935.57	\$1,871.14	\$2,432.48
Reimbursement	\$359.84	\$720.03	\$1,295.41	\$935.22	\$1,466.65	\$1,466.65
Differential (Amount Not Reimbursed)	\$0.35	\$0.35	\$0.35	\$0.35	\$404.49	\$965.83
<b>Blue Shield Access + OR Blue Shield EPO</b>	\$360.19	\$720.38	\$1,132.96	\$779.87	\$1,559.74	\$2,027.66
Reimbursement	\$359.84	\$720.03	\$1,132.61	\$779.52	\$1,466.65	\$1,466.65
Differential (Amount Not Reimbursed)	\$0.35	\$0.35	\$0.35	\$0.35	\$93.09	\$561.01
<b>Blue Shield Trio</b>	<i>available only in El Dorado, Nevada, Placer, Sacramento, Santa Cruz,</i>	\$706.22	\$1,021.24	\$668.13	\$1,336.26	\$1,737.14
Reimbursement	\$353.11	\$705.87	\$1,020.89	\$667.78	\$1,335.91	\$1,466.65
Differential (Amount Not Reimbursed)	\$0.35	\$0.35	\$0.35	\$0.35	\$0.35	\$270.49
<b>HealthNet Salud y Mas</b>				\$463.87	\$927.74	\$1,206.06
Reimbursement	NOT AVAILABLE		NOT AVAILABLE	\$463.52	\$927.39	\$1,205.71
Differential (Amount Not Reimbursed)				\$0.35	\$0.35	\$0.35
<b>Health Net SmartCare</b>				\$764.96	\$1,529.92	\$1,988.90
Reimbursement	NOT AVAILABLE		NOT AVAILABLE	\$764.61	\$1,466.65	\$1,466.65
Differential (Amount Not Reimbursed)				\$0.35	\$63.27	\$522.25
<b>Kaiser Permanente (or Senior Advantage)</b>	\$302.53	\$605.06	\$1,022.31	\$719.78	\$1,439.56	\$1,871.43
Reimbursement	\$302.18	\$604.71	\$1,021.96	\$719.43	\$1,439.21	\$1,466.65
Differential (Amount Not Reimbursed)	\$0.35	\$0.35	\$0.35	\$0.35	\$0.35	\$404.78
<b>PPO PLANS</b>						
<b>PERS Gold (PPO)</b>	\$377.41	\$754.82	\$952.97	\$575.56	\$1,151.12	\$1,496.46
Reimbursement	\$377.06	\$754.47	\$952.62	\$575.21	\$1,150.77	\$1,466.65
Differential (Amount Not Reimbursed)	\$0.35	\$0.35	\$0.35	\$0.35	\$0.35	\$29.81
<b>PERS Platinum (PPO)</b>	\$381.94	\$763.88	\$1,245.31	\$863.37	\$1,726.74	\$2,244.76
Reimbursement	\$381.59	\$763.53	\$1,244.96	\$863.02	\$1,466.65	\$1,466.65
Differential (Amount Not Reimbursed)	\$0.35	\$0.35	\$0.35	\$0.35	\$260.09	\$778.11
<b>United Healthcare**</b>	\$294.65	\$589.30	\$1,066.50	\$771.85	\$1,543.70	\$2,006.81
Reimbursement	\$294.30	\$588.95	\$1,066.15	\$771.50	\$1,466.65	\$1,466.65
Differential (Amount Not Reimbursed)	\$0.35	\$0.35	\$0.35	\$0.35	\$77.05	\$540.16

Notes:

1. The maximum reimbursement of insurance premium is \$1467.00.
  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 MUSD 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 Permanente - Colorado</b>	\$295.52	\$591.04	\$1,434.47	\$1,138.95	\$2,277.90	\$2,961.27
Reimbursement	\$295.17	\$590.69	\$1,434.12	\$1,138.60	\$1,466.65	\$1,466.65
Differential (Amount Not Reimbursed)	\$0.35	\$0.35	\$0.35	\$0.35	\$811.25	\$1,494.62
<b>Kaiser Permanente - Georgia</b>	\$295.52	\$591.04	\$1,434.47	\$1,138.95	\$2,277.90	\$2,961.27
Reimbursement	\$295.17	\$590.69	\$1,434.12	\$1,138.60	\$1,466.65	\$1,466.65
Differential (Amount Not Reimbursed)	\$0.35	\$0.35	\$0.35	\$0.35	\$811.25	\$1,494.62
<b>Kaiser Permanente - Hawaii</b>	\$295.52	\$591.04	\$1,434.47	\$1,138.95	\$2,277.90	\$2,961.27
Reimbursement	\$295.17	\$590.69	\$1,434.12	\$1,138.60	\$1,466.65	\$1,466.65
Differential (Amount Not Reimbursed)	\$0.35	\$0.35	\$0.35	\$0.35	\$811.25	\$1,494.62
<b>Kaiser Permanente - MidAtlantic</b>	\$295.52	\$591.04	\$1,434.47	\$1,138.95	\$2,277.90	\$2,961.27
Reimbursement	\$295.17	\$590.69	\$1,434.12	\$1,138.60	\$1,466.65	\$1,466.65
Differential (Amount Not Reimbursed)	\$0.35	\$0.35	\$0.35	\$0.35	\$811.25	\$1,494.62
<b>Kaiser Permanente - Northwest</b>	\$295.52	\$591.04	\$1,434.47	\$1,138.95	\$2,277.90	\$2,961.27
Reimbursement	\$295.17	\$590.69	\$1,434.12	\$1,138.60	\$1,466.65	\$1,466.65
Differential (Amount Not Reimbursed)	\$0.35	\$0.35	\$0.35	\$0.35	\$811.25	\$1,494.62
<b>Kaiser Permanente - Washington</b>	\$295.52	\$591.04	\$1,434.47	\$1,138.95	\$2,277.90	\$2,961.27
Reimbursement	\$295.17	\$590.69	\$1,434.12	\$1,138.60	\$1,466.65	\$1,466.65
Differential (Amount Not Reimbursed)	\$0.35	\$0.35	\$0.35	\$0.35	\$811.25	\$1,494.62
<b>Blue Shield Medicare</b>	\$353.11	\$706.22	NOT AVAILABLE	NOT AVAILABLE FOR NON-MEDICARE PARTICIPANTS		
Reimbursement	\$352.76	\$705.87				
Differential (Amount Not Reimbursed)	\$0.35	\$0.35				
<b>PPO PLANS</b>						
<b>PERS Platinum (PPO)</b>	\$381.94	\$763.88	\$1,328.72	\$946.78	\$1,893.56	\$2,461.63
Reimbursement	\$381.59	\$763.53	\$1,328.37	\$946.43	\$1,466.65	\$1,466.65
Differential (Amount Not Reimbursed)	\$0.35	\$0.35	\$0.35	\$0.35	\$426.91	\$994.98
<b>United Healthcare**</b>	\$294.65	\$589.30	NOT AVAILABLE	NOT AVAILABLE FOR NON-MEDICARE PARTICIPANTS		
Reimbursement	\$294.30	\$588.95				
Differential (Amount Not Reimbursed)	\$0.35	\$0.35				

**Notes:**

1. The maximum reimbursement of insurance premium is \$1467.00.
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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