

**Region 1 CalPERS Out-Of-Pocket Cost Calculations for MTA Retirees**

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

**2024 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 EPO</b>						
Reimbursement	<b>NOT AVAILABLE</b>		\$1,762.42 \$1,691.65	\$1,314.27 \$1,313.92	\$2,628.54 \$1,691.65	\$3,417.10 \$1,691.65
Differential (Amount Not Reimbursed)			<b>\$70.77</b>	<b>\$0.35</b>	<b>\$936.89</b>	<b>\$1,725.45</b>
<b>Anthem Select (or Medicare Preferred PPO)</b>	\$405.83 \$405.48	\$811.66 \$811.31	\$1,544.69 \$1,544.34	\$1,138.86 \$1,138.51	\$2,277.72 \$1,691.65	\$2,961.04 \$1,691.65
Differential (Amount Not Reimbursed)	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$586.07</b>	<b>\$1,269.39</b>
<b>Anthem Traditional (or Medicare Preferred)</b>	\$405.83 \$405.48	\$811.66 \$811.31	\$1,745.53 \$1,691.65	\$1,339.70 \$1,339.35	\$2,679.40 \$1,691.65	\$3,483.22 \$1,691.65
Differential (Amount Not Reimbursed)	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$53.88</b>	<b>\$0.35</b>	<b>\$987.75</b>	<b>\$1,791.57</b>
<b>Blue Shield Access + OR Blue Shield EPO</b>	\$392.68 \$392.33	\$785.36 \$785.01	\$1,469.52 \$1,469.17	\$1,076.84 \$1,076.49	\$2,153.68 \$1,691.65	\$2,799.78 \$1,691.65
Differential (Amount Not Reimbursed)	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$462.03</b>	<b>\$1,108.13</b>
<b>Blue Shield Trio</b>						
Reimbursement	<b>NOT AVAILABLE</b>		\$1,339.52 \$1,339.17	\$946.84 \$946.49	\$1,893.68 \$1,691.65	\$2,461.78 \$1,691.65
Differential (Amount Not Reimbursed)			<b>\$0.35</b>	<b>\$0.35</b>	<b>\$202.03</b>	<b>\$770.13</b>
<b>Western Health Advantage</b>	\$268.62 \$268.27	\$537.24 \$536.89	\$1,075.85 \$1,075.50	\$807.23 \$806.88	\$1,614.46 \$1,614.11	\$2,098.80 \$1,691.65
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>\$407.15</b>
<b>Kaiser Permanente (or Senior Advantage)</b>	\$324.79 \$324.44	\$649.58 \$649.23	\$1,346.20 \$1,345.85	\$1,021.41 \$1,021.06	\$2,042.82 \$1,691.65	\$2,655.67 \$1,691.65
Differential (Amount Not Reimbursed)	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$351.17</b>	<b>\$964.02</b>
<b>PPO PLANS</b>						
<b>PERS Gold (PPO)</b>	\$406.60 \$406.25	\$813.20 \$812.85	\$1,321.42 \$1,321.07	\$914.82 \$914.47	\$1,829.64 \$1,691.65	\$2,378.53 \$1,691.65
Differential (Amount Not Reimbursed)	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$137.99</b>	<b>\$686.88</b>
<b>PERS Platinum (PPO)</b>	\$448.15 \$447.80	\$896.30 \$895.95	\$1,762.42 \$1,691.65	\$1,314.27 \$1,313.92	\$2,628.54 \$1,691.65	\$3,417.10 \$1,691.65
Differential (Amount Not Reimbursed)	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$70.77</b>	<b>\$0.35</b>	<b>\$936.89</b>	<b>\$1,725.45</b>
<b>United Healthcare SignatureValue Alliance</b>	\$341.72 \$341.37	\$683.44 \$683.09	\$1,432.85 \$1,432.50	\$1,091.13 \$1,090.78	\$2,182.26 \$1,691.65	\$2,836.94 \$1,691.65
Differential (Amount Not Reimbursed)	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$490.61</b>	<b>\$1,145.29</b>
<b>United Healthcare SignatureValue Harmony</b>	\$366.01 \$365.66	\$732.02 \$731.67	\$1,279.11 \$1,278.76	\$937.39 \$937.04	\$1,874.78 \$1,691.65	\$2,437.21 \$1,691.65
Differential (Amount Not Reimbursed)	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$0.35</b>	<b>\$183.13</b>	<b>\$745.56</b>

**Notes:**

- The maximum reimbursement of insurance premium is \$1,692.00.
  - 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 (\$117.75)** is not deducted from your STRS statement and is not reimbursed to your credit union account.
  - These are not official CalPERS rates. For official rates, visit calpers.ca.gov
- 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 18 - October 13, 2023**



**Region 2 CalPERS Out-Of-Pocket Cost Calculations for MTA Retirees**

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

**2024 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 (or Medicare Preferred PPO)</b>	\$405.83	\$811.66	\$1,213.54	\$807.71	\$1,615.42	\$2,100.05
Reimbursement	\$405.48	\$811.31	\$1,213.19	\$807.36	\$1,615.07	\$1,691.65
Differential (Amount Not Reimbursed)	\$0.35	\$0.35	\$0.35	\$0.35	\$0.35	\$408.40
<b>Anthem Traditional (or Medicare Preferred)</b>	\$405.83	\$811.66	\$1,440.21	\$1,034.38	\$2,068.76	\$2,689.39
Reimbursement	\$405.48	\$811.31	\$1,439.86	\$1,034.03	\$1,691.65	\$1,691.65
Differential (Amount Not Reimbursed)	\$0.35	\$0.35	\$0.35	\$0.35	\$377.11	\$997.74
<b>Blue Shield Access + OR Blue Shield EPO</b>	\$392.68	\$785.36	\$1,261.82	\$869.14	\$1,738.28	\$2,259.76
Reimbursement	\$392.33	\$785.01	\$1,261.47	\$868.79	\$1,691.65	\$1,691.65
Differential (Amount Not Reimbursed)	\$0.35	\$0.35	\$0.35	\$0.35	\$46.63	\$568.11
<b>Blue Shield Trio</b> <small>available only in El Dorado, Nevada, Placer, Sacramento, Santa Cruz,</small>	<b>NOT AVAILABLE</b>		\$1,202.92	\$810.54	\$1,620.48	\$2,106.62
Reimbursement	<b>NOT AVAILABLE</b>		\$1,202.57	\$810.19	\$1,620.13	\$1,691.65
Differential (Amount Not Reimbursed)	<b>NOT AVAILABLE</b>		\$0.35	\$0.35	\$0.35	\$414.97
<b>Healthnet Salud y Mas</b>	<b>NOT AVAILABLE</b>		<b>NOT AVAILABLE</b>		\$684.77	\$1,369.54
Reimbursement	<b>NOT AVAILABLE</b>		<b>NOT AVAILABLE</b>		\$684.42	\$1,369.19
Differential (Amount Not Reimbursed)	<b>NOT AVAILABLE</b>		<b>NOT AVAILABLE</b>		\$0.35	\$88.75
<b>Sharp Performance Plus</b>	\$256.53	\$513.06	\$1,089.77	\$833.24	\$1,666.48	\$2,166.42
Reimbursement	\$256.18	\$512.71	\$1,089.42	\$832.89	\$1,666.13	\$1,691.65
Differential (Amount Not Reimbursed)	\$0.35	\$0.35	\$0.35	\$0.35	\$0.35	\$474.77
<b>Kaiser Permanente (or Senior Advantage)</b>	\$324.79	\$649.58	\$1,229.74	\$904.95	\$1,809.90	\$2,352.87
Reimbursement	\$324.44	\$649.23	\$1,229.39	\$904.60	\$1,691.65	\$1,691.65
Differential (Amount Not Reimbursed)	\$0.35	\$0.35	\$0.35	\$0.35	\$118.25	\$661.22
<b>PPO PLANS</b>						
<b>PERS Gold (PPO)</b>	\$406.60	\$813.20	\$1,206.04	\$799.44	\$1,598.88	\$2,078.54
Reimbursement	\$406.25	\$812.85	\$1,205.69	\$799.09	\$1,598.53	\$1,691.65
Differential (Amount Not Reimbursed)	\$0.35	\$0.35	\$0.35	\$0.35	\$0.35	\$386.89
<b>PERS Platinum (PPO)</b>	\$448.15	\$896.30	\$1,599.65	\$1,151.50	\$2,303.00	\$2,993.90
Reimbursement	\$447.80	\$895.95	\$1,599.30	\$1,151.15	\$1,691.65	\$1,691.65
Differential (Amount Not Reimbursed)	\$0.35	\$0.35	\$0.35	\$0.35	\$611.35	\$1,302.25
<b>United Healthcare SignatureValue Alliance</b>	\$341.72	\$683.44	\$1,179.60	\$837.88	\$1,675.76	\$2,178.49
Reimbursement	\$341.37	\$683.09	\$1,179.25	\$837.53	\$1,675.41	\$1,691.65
Differential (Amount Not Reimbursed)	\$0.35	\$0.35	\$0.35	\$0.35	\$0.35	\$486.84
<b>United Healthcare SignatureValue Harmony</b>	\$366.01	\$732.02	\$1,134.37	\$792.65	\$1,585.30	\$2,060.89
Reimbursement	\$365.66	\$731.67	\$1,134.02	\$792.30	\$1,584.95	\$1,691.65
Differential (Amount Not Reimbursed)	\$0.35	\$0.35	\$0.35	\$0.35	\$0.35	\$369.24

**Notes:**

- The maximum reimbursement of insurance premium is \$1,692.00.
  - 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 (\$117.75)** is not deducted from your STRS statement and is not reimbursed to your credit union account.
  - These are not official CalPERS rates. For official rates, visit [calpers.ca.gov](http://calpers.ca.gov)
- 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 18 - October 13, 2023**



**Region 3 CalPERS Out-Of-Pocket Cost Calculations for MTA Retirees**  
Los Angeles, Riverside, San Bernardino

**2024 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 (or Medicare Preferred PPO)</b>	\$405.83	\$811.66	\$1,246.96	\$841.13	\$1,682.26	\$2,186.94
Reimbursement	\$405.48	\$811.31	\$1,246.61	\$840.78	\$1,681.91	\$1,691.65
Differential (Amount Not Reimbursed)	\$0.35	\$0.35	\$0.35	\$0.35	\$0.35	\$495.29
<b>Anthem Traditional (or Medicare Preferred)</b>	\$405.83	\$811.66	\$1,418.50	\$1,012.67	\$2,025.34	\$2,632.94
Reimbursement	\$405.48	\$811.31	\$1,418.15	\$1,012.32	\$1,691.65	\$1,691.65
Differential (Amount Not Reimbursed)	\$0.35	\$0.35	\$0.35	\$0.35	\$333.69	\$941.29
<b>Blue Shield Access + OR Blue Shield EPO</b>	\$392.68	\$785.36	\$1,149.33	\$756.65	\$1,513.30	\$1,967.29
Reimbursement	\$392.33	\$785.01	\$1,148.98	\$756.30	\$1,512.95	\$1,691.65
Differential (Amount Not Reimbursed)	\$0.35	\$0.35	\$0.35	\$0.35	\$0.35	\$275.64
<b>Blue Shield Trio</b> <small>available only in El Dorado, Nevada, Placer, Sacramento, Santa Cruz,</small>	<b>NOT AVAILABLE</b>		\$1,097.37	\$704.69	\$1,409.38	\$1,832.19
Reimbursement	<b>NOT AVAILABLE</b>		\$1,097.02	\$704.34	\$1,409.03	\$1,691.65
Differential (Amount Not Reimbursed)	<b>NOT AVAILABLE</b>		\$0.35	\$0.35	\$0.35	\$140.54
<b>Healthnet Salud y Mas</b>	<b>NOT AVAILABLE</b>		<b>NOT AVAILABLE</b>		\$630.13	\$1,260.26
Reimbursement	<b>NOT AVAILABLE</b>		<b>NOT AVAILABLE</b>		\$629.78	\$1,259.91
Differential (Amount Not Reimbursed)	<b>NOT AVAILABLE</b>		<b>NOT AVAILABLE</b>		\$0.35	\$0.35
<b>Sharp Performance Plus</b>	\$256.53	\$513.06	\$1,089.77	\$833.24	\$1,666.48	\$2,166.42
Reimbursement	\$256.18	\$512.71	\$1,089.42	\$832.89	\$1,666.13	\$1,691.65
Differential (Amount Not Reimbursed)	\$0.35	\$0.35	\$0.35	\$0.35	\$0.35	\$474.77
<b>Kaiser Permanente (or Senior Advantage)</b>	\$324.79	\$649.58	\$1,190.20	\$865.41	\$1,730.82	\$2,250.07
Reimbursement	\$324.44	\$649.23	\$1,189.85	\$865.06	\$1,691.65	\$1,691.65
Differential (Amount Not Reimbursed)	\$0.35	\$0.35	\$0.35	\$0.35	\$39.17	\$558.42
<b>PPO PLANS</b>						
<b>PERS Gold (PPO)</b>	\$406.60	\$813.20	\$1,191.88	\$785.28	\$1,570.56	\$2,041.73
Reimbursement	\$406.25	\$812.85	\$1,191.53	\$784.93	\$1,570.21	\$1,691.65
Differential (Amount Not Reimbursed)	\$0.35	\$0.35	\$0.35	\$0.35	\$0.35	\$350.08
<b>PERS Platinum (PPO)</b>	\$448.15	\$896.30	\$1,579.62	\$1,131.47	\$2,262.94	\$2,941.82
Reimbursement	\$447.80	\$895.95	\$1,579.27	\$1,131.12	\$1,691.65	\$1,691.65
Differential (Amount Not Reimbursed)	\$0.35	\$0.35	\$0.35	\$0.35	\$571.29	\$1,250.17
<b>United Healthcare SignatureValue Alliance</b>	\$341.72	\$683.44	\$1,168.16	\$826.44	\$1,652.88	\$2,148.74
Reimbursement	\$341.37	\$683.09	\$1,167.81	\$826.09	\$1,652.53	\$1,691.65
Differential (Amount Not Reimbursed)	\$0.35	\$0.35	\$0.35	\$0.35	\$0.35	\$457.09
<b>United Healthcare SignatureValue Harmony</b>	\$366.01	\$732.02	\$1,076.48	\$734.76	\$1,469.52	\$1,910.38
Reimbursement	\$365.66	\$731.67	\$1,076.13	\$734.41	\$1,469.17	\$1,691.65
Differential (Amount Not Reimbursed)	\$0.35	\$0.35	\$0.35	\$0.35	\$0.35	\$218.73

**Notes:**

- The maximum reimbursement of insurance premium is \$1,692.00.
  - 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 (\$117.75)** is not deducted from your STRS statement and is not reimbursed to your credit union account.
  - These are not official CalPERS rates. For official rates, visit [calpers.ca.gov](http://calpers.ca.gov)
- 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 18 - October 13, 2023**



**Out of State CalPERS Out-Of-Pocket Cost Calculations for MTA Retirees**  
 (Anywhere outside of California within the United States)  
**2024 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>	\$318.43	\$636.86	\$1,429.46	\$1,312.45	\$2,624.90	\$3,412.37
Reimbursement	\$318.08	\$636.51	\$1,429.11	\$1,312.10	\$1,691.65	\$1,691.65
Differential (Amount Not Reimbursed)	\$0.35	\$0.35	\$0.35	\$0.35	\$933.25	\$1,720.72
<b>Kaiser Permanente - Georgia</b>	\$318.43	\$636.86	\$1,429.46	\$1,312.45	\$2,624.90	\$3,412.37
Reimbursement	\$318.08	\$636.51	\$1,429.11	\$1,312.10	\$1,691.65	\$1,691.65
Differential (Amount Not Reimbursed)	\$0.35	\$0.35	\$0.35	\$0.35	\$933.25	\$1,720.72
<b>Kaiser Permanente - Hawaii</b>	\$318.43	\$636.86	\$1,429.46	\$1,312.45	\$2,624.90	\$3,412.37
Reimbursement	\$318.08	\$636.51	\$1,429.11	\$1,312.10	\$1,691.65	\$1,691.65
Differential (Amount Not Reimbursed)	\$0.35	\$0.35	\$0.35	\$0.35	\$933.25	\$1,720.72
<b>Kaiser Permanente - MidAtlantic</b>	\$318.43	\$636.86	\$1,429.46	\$1,312.45	\$2,624.90	\$3,412.37
Reimbursement	\$318.08	\$636.51	\$1,429.11	\$1,312.10	\$1,691.65	\$1,691.65
Differential (Amount Not Reimbursed)	\$0.35	\$0.35	\$0.35	\$0.35	\$933.25	\$1,720.72
<b>Kaiser Permanente - Northwest</b>	\$318.43	\$636.86	\$1,429.46	\$1,312.45	\$2,624.90	\$3,412.37
Reimbursement	\$318.08	\$636.51	\$1,429.11	\$1,312.10	\$1,691.65	\$1,691.65
Differential (Amount Not Reimbursed)	\$0.35	\$0.35	\$0.35	\$0.35	\$933.25	\$1,720.72
<b>Kaiser Permanente - Washington</b>	\$318.43	\$636.86	\$1,429.46	\$1,312.45	\$2,624.90	\$3,412.37
Reimbursement	\$318.08	\$636.51	\$1,429.11	\$1,312.10	\$1,691.65	\$1,691.65
Differential (Amount Not Reimbursed)	\$0.35	\$0.35	\$0.35	\$0.35	\$933.25	\$1,720.72
<b>Blue Shield Medicare</b>	\$392.68	\$785.36				
Reimbursement	\$392.33	\$785.01	NOT AVAILABLE	NOT AVAILABLE FOR NON-MEDICARE PARTICIPANTS		
Differential (Amount Not Reimbursed)	\$0.35	\$0.35				
<b>PPO PLANS</b>						
<b>PERS Platinum (PPO)</b>	\$448.15	\$896.30	\$1,215.87	\$1,215.87	\$2,431.74	\$3,161.26
Reimbursement	\$447.80	\$895.95	\$1,215.52	\$1,215.52	\$1,691.65	\$1,691.65
Differential (Amount Not Reimbursed)	\$0.35	\$0.35	\$0.35	\$0.35	\$740.09	\$1,469.61
<b>United Healthcare Medicare Advantage</b>	\$341.72	\$683.44				
Reimbursement	\$341.37	\$683.09	NOT AVAILABLE	NOT AVAILABLE FOR NON-MEDICARE PARTICIPANTS		
Differential (Amount Not Reimbursed)	\$0.35	\$0.35				
<b>United Healthcare Medicare Advantage Edge</b>	\$366.01	\$732.02				
Reimbursement	\$365.66	\$731.67	NOT AVAILABLE	NOT AVAILABLE FOR NON-MEDICARE PARTICIPANTS		
Differential (Amount Not Reimbursed)	\$0.35	\$0.35				

**Notes:**

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  - 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 (\$117.75)** is not deducted from your STRS statement and is not reimbursed to your credit union account.
  - These are not official CapPERS rates. For official rates, visit [calpers.ca.gov](http://calpers.ca.gov)
- All reimbursement transactions will be subject to a 35¢ transaction fee. This fee will be deducted from the reimbursement amount.  
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