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

2026 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
HMO PLANS						
Anthem Select (or Medicare Preferred PPO)	$571.70	$1,143.40	$1,907.99	$1,336.29	$2,672.58	$3,474.35
Reimbursement	$571.35	$1,143.05	$1,748.65	$1,335.94	$1,748.65	$1,748.65
Differential (Amount Not Reimbursed)	**$0.35**	**$0.35**	**$159.34**	**$0.35**	**$923.93**	**$1,725.70**
Anthem Traditional (or Medicare Preferred)	**NOT AVAILABLE**		$2,183.78	$1,612.08	$3,224.16	$4,191.41
Reimbursement			$1,748.65	$1,611.73	$1,748.65	$1,748.65
Differential (Amount Not Reimbursed)			**$435.13**	**$0.35**	**$1,475.51**	**$2,442.76**
Blue Shield Access + OR Blue Shield EPO	$539.43	$1,078.86	$1,841.38	$1,301.95	$2,603.90	$3,385.07
Reimbursement	$539.08	$1,078.51	$1,748.65	$1,301.60	$1,748.65	$1,748.65
Differential (Amount Not Reimbursed)	**$0.35**	**$0.35**	**$92.73**	**$0.35**	**$855.25**	**$1,636.42**
Blue Shield Trio *available only in El Dorado, Nevada, Placer, Sacramento, Santa Cruz,*	**NOT AVAILABLE**		$1,706.01	$1,166.58	$2,333.16	$3,033.11
Reimbursement			$1,705.66	$1,166.23	$1,748.65	$1,748.65
Differential (Amount Not Reimbursed)			**$0.35**	**$0.35**	**$584.51**	**$1,284.46**
Western Health Advantage	**NOT AVAILABLE**		NOT AVAILABLE	$969.58	$1,939.16	$2,520.91
Reimbursement				$969.23	$1,748.65	$1,748.65
Differential (Amount Not Reimbursed)				**$0.35**	**$190.51**	**$772.26**
Kaiser Permanente (or Senior Advantage)	$356.83	$713.66	$1,525.69	$1,168.86	$2,337.72	$3,039.04
Reimbursement	$356.48	$713.31	$1,525.34	$1,168.51	$1,748.65	$1,748.65
Differential (Amount Not Reimbursed)	**$0.35**	**$0.35**	**$0.35**	**$0.35**	**$589.07**	**$1,290.39**
Kaiser Permanente Summit	$426.31	$852.62	$1,595.17	NOT AVAILABLE FOR NON-MEDICARE PARTICIPANTS		
Reimbursement	$425.96	$852.27	$1,594.82			
Differential (Amount Not Reimbursed)	**$0.35**	**$0.35**	**$0.35**			
PPO PLANS						
PERS Gold (PPO)	$597.57	$1,195.14	$1,718.15	$1,120.58	$2,241.16	$2,913.51
Reimbursement	$597.22	$1,194.79	$1,717.80	$1,120.23	$1,748.65	$1,748.65
Differential (Amount Not Reimbursed)	**$0.35**	**$0.35**	**$0.35**	**$0.35**	**$492.51**	**$1,164.86**
PERS Platinum (PPO)	$665.50	$1,331.00	$2,335.64	$1,670.14	$3,340.28	$4,342.36
Reimbursement	$665.15	$1,330.65	$1,748.65	$1,669.79	$1,748.65	$1,748.65
Differential (Amount Not Reimbursed)	**$0.35**	**$0.35**	**$586.99**	**$0.35**	**$1,591.63**	**$2,593.71**
United Healthcare SignatureValue Alliance	$481.29	$962.58	$1,771.35	$1,290.06	$2,580.12	$3,354.16
Reimbursement	$480.94	$962.23	$1,748.65	$1,289.71	$1,748.65	$1,748.65
Differential (Amount Not Reimbursed)	**$0.35**	**$0.35**	**$22.70**	**$0.35**	**$831.47**	**$1,605.51**
United Healthcare SignatureValue Harmony	**NOT AVAILABLE**		$1,614.38	$1,133.09	$2,266.18	$2,946.03
Reimbursement			$1,614.03	$1,132.74	$1,748.65	$1,748.65
Differential (Amount Not Reimbursed)			**$0.35**	**$0.35**	**$517.53**	**$1,197.38**

Notes:

1. The maximum reimbursement of insurance premium is $1,749.00.
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 ($117.75)** is not deducted from your STRS statement and is not reimbursed to your credit union account.
5. These are not official CapPERS 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 15 - October 10, 2025

mta

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

2026 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
HMO PLANS						
Anthem Select (or Medicare Preferred PPO)	$571.70	$1,143.40	$1,588.02	$1,016.32	$2,032.64	$2,642.43
Reimbursement	$571.35	$1,143.05	$1,587.67	$1,015.97	$1,748.65	$1,748.65
Differential (Amount Not Reimbursed)	**$0.35**	**$0.35**	**$0.35**	**$0.35**	**$283.99**	**$893.78**
Anthem Traditional (or Medicare Preferred)	**NOT AVAILABLE**		$1,729.96	$1,158.26	$2,316.52	$3,011.48
Reimbursement			$1,729.61	$1,157.91	$1,748.65	$1,748.65
Differential (Amount Not Reimbursed)			**$0.35**	**$0.35**	**$567.87**	**$1,262.83**
Blue Shield Access + OR Blue Shield EPO	$539.43	$1,078.86	$1,592.32	$1,052.59	$2,105.78	$2,737.51
Reimbursement	$539.08	$1,078.51	$1,591.97	$1,052.24	$1,748.65	$1,748.65
Differential (Amount Not Reimbursed)	**$0.35**	**$0.35**	**$0.35**	**$0.35**	**$357.13**	**$988.86**
Blue Shield Trio *available only in El Dorado, Nevada, Placer, Sacramento, Santa Cruz,*	**NOT AVAILABLE**		$1,476.01	$936.58	$1,873.16	$2,435.11
Reimbursement			$1,475.66	$936.23	$1,748.65	$1,748.65
Differential (Amount Not Reimbursed)			**$0.35**	**$0.35**	**$124.51**	**$686.46**
Healthnet Salud y Mas	**NOT AVAILABLE**		**NOT AVAILABLE**	$879.57	$1,759.14	$2,286.88
Reimbursement				$879.22	$1,748.65	$1,748.65
Differential (Amount Not Reimbursed)				**$0.35**	**$10.49**	**$538.23**
Sharp Performance Plus (or Direct Advantage)	$291.38	$582.76	$1,207.58	$916.20	$1,832.40	$2,382.12
Reimbursement	$291.03	$582.41	$1,207.23	$915.85	$1,748.65	$1,748.65
Differential (Amount Not Reimbursed)	**$0.35**	**$0.35**	**$0.35**	**$0.35**	**$83.75**	**$633.47**
Kaiser Permanente (or Senior Advantage)	$356.83	$713.66	$1,344.52	$987.67	$1,975.38	$2,567.99
Reimbursement	$356.48	$713.31	$1,344.17	$987.32	$1,748.65	$1,748.65
Differential (Amount Not Reimbursed)	**$0.35**	**$0.35**	**$0.35**	**$0.35**	**$226.73**	**$819.34**
Kaiser Permanente Summit	$426.31	$852.62	$1,414.00	NOT AVAILABLE FOR NON-MEDICARE PARTICIPANTS		
Reimbursement	$425.96	$852.27	$1,413.65			
Differential (Amount Not Reimbursed)	**$0.35**	**$0.35**	**$0.35**			
PPO PLANS						
PERS Gold (PPO)	$597.57	$1,195.14	$1,553.85	$956.28	$1,912.56	$2,486.33
Reimbursement	$597.22	$1,194.79	$1,553.50	$955.93	$1,748.65	$1,748.65
Differential (Amount Not Reimbursed)	**$0.35**	**$0.35**	**$0.35**	**$0.35**	**$163.91**	**$737.68**
PERS Platinum (PPO)	$665.50	$1,331.00	$2,091.74	$1,426.24	$2,852.48	$3,708.22
Reimbursement	$665.15	$1,330.65	$1,748.65	$1,425.89	$1,748.65	$1,748.65
Differential (Amount Not Reimbursed)	**$0.35**	**$0.35**	**$343.09**	**$0.35**	**$1,103.83**	**$1,959.57**
United Healthcare SignatureValue Alliance	$481.29	$962.58	$1,432.28	$950.99	$1,901.98	$2,472.57
Reimbursement	$480.94	$962.23	$1,431.93	$950.64	$1,748.65	$1,748.65
Differential (Amount Not Reimbursed)	**$0.35**	**$0.35**	**$0.35**	**$0.35**	**$153.33**	**$723.92**
United Healthcare SignatureValue Harmony	**NOT AVAILABLE**		$1,338.43	$857.14	$1,714.28	$2,228.56
Reimbursement			$1,338.08	$856.79	$1,713.93	$1,748.65
Differential (Amount Not Reimbursed)			**$0.35**	**$0.35**	**$0.35**	**$479.91**

Notes:

1. The maximum reimbursement of insurance premium is $1,749.00.
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 ($117.75)** is not deducted from your STRS statement and is not reimbursed to your credit union account.
5. These are not official CapPERS 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.

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CalPERS Open Enrollment: September 15 - October 10, 2025

mta

Region 3 CalPERS Out-Of-Pocket Cost Calculations for MTA Retirees

Los Angeles, Riverside, San Bernardino

2026 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
HMO PLANS						
Anthem Select (or Medicare Preferred PPO)	$571.70	$1,143.40	$1,534.38	$962.68	$1,925.36	$2,502.97
Reimbursement	$571.35	$1,143.05	$1,534.03	$962.33	$1,748.65	$1,748.65
Differential (Amount Not Reimbursed)	**$0.35**	**$0.35**	**$0.35**	**$0.35**	**$176.71**	**$754.32**
Anthem Traditional (or Medicare Preferred)	$539.43	$1,078.86	$1,700.23	$1,128.53	$2,257.06	$2,934.18
Reimbursement	$539.08	$1,078.51	$1,699.88	$1,128.18	$1,748.65	$1,748.65
Differential (Amount Not Reimbursed)	**$0.35**	**$0.35**	**$0.35**	**$0.35**	**$508.41**	**$1,185.53**
Blue Shield Access + OR Blue Shield EPO	**NOT AVAILABLE**		$1,457.34	$917.91	$1,835.82	$2,386.57
Reimbursement			$1,456.99	$917.56	$1,748.65	$1,748.65
Differential (Amount Not Reimbursed)			**$0.35**	**$0.35**	**$87.17**	**$637.92**
Blue Shield Trio *available only in El Dorado, Nevada, Placer, Sacramento, Santa Cruz,*	**NOT AVAILABLE**		$1,391.99	$852.56	$1,705.12	$2,216.66
Reimbursement			$1,391.64	$852.21	$1,704.77	$1,748.65
Differential (Amount Not Reimbursed)			**$0.35**	**$0.35**	**$0.35**	**$468.01**
Healthnet Salud y Mas	**NOT AVAILABLE**		**NOT AVAILABLE**	$740.11	$1,480.22	$1,924.29
Reimbursement				$739.76	$1,479.87	$1,748.65
Differential (Amount Not Reimbursed)				**$0.35**	**$0.35**	**$175.64**
Kaiser Permanente (or Senior Advantage)	$356.83	$713.66	$1,325.88	$969.05	$1,938.10	$2,519.53
Reimbursement	$356.48	$713.31	$1,325.53	$968.70	$1,748.65	$1,748.65
Differential (Amount Not Reimbursed)	**$0.35**	**$0.35**	**$0.35**	**$0.35**	**$189.45**	**$770.88**
PPO PLANS						
PERS Gold (PPO)	$597.57	$1,195.14	$1,557.60	$960.03	$1,920.06	$2,496.08
Reimbursement	$597.22	$1,194.79	$1,557.25	$959.68	$1,748.65	$1,748.65
Differential (Amount Not Reimbursed)	**$0.35**	**$0.35**	**$0.35**	**$0.35**	**$171.41**	**$747.43**
PERS Platinum (PPO)	$665.50	$1,331.00	$2,097.31	$1,431.81	$2,863.62	$3,722.71
Reimbursement	$665.15	$1,330.65	$1,748.65	$1,431.46	$1,748.65	$1,748.65
Differential (Amount Not Reimbursed)	**$0.35**	**$0.35**	**$348.66**	**$0.35**	**$1,114.97**	**$1,974.06**
United Healthcare SignatureValue Alliance	$481.29	$962.58	$1,352.05	$870.76	$1,741.52	$2,263.98
Reimbursement	$480.94	$962.23	$1,351.70	$870.41	$1,741.17	$1,748.65
Differential (Amount Not Reimbursed)	**$0.35**	**$0.35**	**$0.35**	**$0.35**	**$0.35**	**$515.33**
United Healthcare SignatureValue Harmony	**NOT AVAILABLE**		$1,246.80	$765.51	$1,531.02	$1,990.33
Reimbursement			$1,246.45	$765.16	$1,530.67	$1,748.65
Differential (Amount Not Reimbursed)			**$0.35**	**$0.35**	**$0.35**	**$241.68**

Notes:

1. The maximum reimbursement of insurance premium is $1,749.00.
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 ($117.75)** is not deducted from your STRS statement and is not reimbursed to your credit union account.
5. These are not official CapPERS 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.

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CalPERS Open Enrollment: September 15 - October 10, 2025

Out of State CalPERS Out-Of-Pocket Cost Calculations for MTA Retirees

(Anywhere outside of California within the United States)

2026 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
HMO PLANS						
Kaiser Permanente - Out of State	$350.16	$700.32	$1,749.12	$1,398.96	$2,797.92	$3,637.30
Differential (Amount Not Reimbursed)	**$0.35**	**$0.35**	**$0.47**	**$0.35**	**$1,049.27**	**$1,888.65**
Kaiser Permanente Summit - Out of State	$419.67	$839.34	$1,818.63	NOT AVAILABLE FOR NON-MEDICARE PARTICIPANTS		
Reimbursement	$419.32	$838.99	$1,748.65			
Differential (Amount Not Reimbursed)	**$0.35**	**$0.35**	**$69.98**			
PPO PLANS						
PERS Platinum (PPO)	$665.50	$1,331.00	$2,075.79	$1,410.29	$2,820.58	$3,666.75
Reimbursement	$665.15	$1,330.65	$1,748.65	$1,409.94	$1,748.65	$1,748.65
Differential (Amount Not Reimbursed)	**$0.35**	**$0.35**	**$327.14**	**$0.35**	**$1,071.93**	**$1,918.10**

Notes:

1. The maximum reimbursement of insurance premium is $1,749.00.
2. These rates apply only to retirees that are 67 years of age or more and that are eligible for District paid retirement benefits.

institution of your choice.

4. If applicable, the **Minimum Employer Contribution ($117.75)** is not deducted from your STRS statement and is not reimbursed to your credit union account.
5. These are not official CapPERS 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.

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CalPERS Open Enrollment: September 15 - October 10, 2025