

**Los Angeles Area Regional
2011 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
Blue Shield Access +	\$337.88	\$675.76	\$834.81	\$496.93	\$993.83	\$1,292.02
Minimum Employer Contribution	\$10.50	\$10.50	\$10.50	\$10.50	\$10.50	\$10.50
STRS Deduction	\$327.38	\$665.26	\$824.31	\$486.43	\$983.33	\$1,281.52
Reimbursement	\$327.38	\$589.50	\$589.50	\$486.43	\$589.50	\$589.50
Differential (Amount Not Reimbursed)	\$0.00	\$75.76	\$234.81	\$0.00	\$393.83	\$692.02
Blue Shield NetValue	\$337.88	\$675.76	\$765.46	\$427.58	\$855.16	\$1,111.71
Minimum Employer Contribution	\$10.50	\$10.50	\$10.50	\$10.50	\$10.50	\$10.50
STRS Deduction	\$327.38	\$665.26	\$754.96	\$417.08	\$844.66	\$1,101.21
Reimbursement	\$327.38	\$589.50	\$754.96	\$417.08	\$589.50	\$589.50
Differential (Amount Not Reimbursed)	\$0.00	\$75.76	\$0.00	\$0.00	\$255.16	\$511.71
Kaiser	\$282.30	\$582.60	\$716.30	\$434.00	\$868.00	\$1,128.40
Minimum Employer Contribution	\$10.50	\$10.50	\$10.50	\$10.50	\$10.50	\$10.50
STRS Deduction	\$271.80	\$572.10	\$705.80	\$423.50	\$857.50	\$1,117.90
Reimbursement	\$271.80	\$572.10	\$589.50	\$423.50	\$589.50	\$589.50
Differential (Amount Not Reimbursed)	\$0.00	\$0.00	\$116.30	\$0.00	\$268.00	\$528.40
PERS Choice	\$375.88	\$751.76	\$872.03	\$496.15	\$992.30	\$1,289.99
Minimum Employer Contribution	\$10.50	\$10.50	\$10.50	\$10.50	\$10.50	\$10.50
STRS Deduction	\$365.38	\$741.26	\$861.53	\$485.65	\$981.80	\$1,279.49
Reimbursement	\$365.38	\$589.50	\$589.50	\$485.65	\$589.50	\$589.50
Differential (Amount Not Reimbursed)	\$0.00	\$151.76	\$272.03	\$0.00	\$392.30	\$689.99
PERS Select	\$375.88	\$751.76	\$809.75	\$433.87	\$867.74	\$1,128.06
Minimum Employer Contribution	\$10.50	\$10.50	\$10.50	\$10.50	\$10.50	\$10.50
STRS Deduction	\$365.38	\$741.26	\$799.25	\$423.37	\$857.24	\$1,117.56
Reimbursement	\$365.38	\$589.50	\$589.50	\$423.37	\$589.50	\$589.50
Differential (Amount Not Reimbursed)	\$0.00	\$151.76	\$209.75	\$0.00	\$267.74	\$528.06
PERS Care	\$433.66	\$867.32	\$1,220.90	\$787.24	\$1,574.48	\$2,046.82
Minimum Employer Contribution	\$10.50	\$10.50	\$10.50	\$10.50	\$10.50	\$10.50
STRS Deduction	\$423.16	\$856.82	\$1,210.40	\$776.74	\$1,563.98	\$2,036.32
Reimbursement	\$423.16	\$589.50	\$589.50	\$589.50	\$589.50	\$589.50
Differential (Amount Not Reimbursed)	\$0.00	\$267.32	\$620.90	\$187.24	\$974.48	\$1,446.82

Notes:

1. The maximum reimbursement of insurance premium is \$600.00.
2. These rates apply only to retirees that are at least 67 years of age or older and that are currently benefiting from the MTA Retirement Supplemental Health Plan (the Trust Fund).
3. The entire premium for the insurance program you choose will be deducted from your monthly STRS distributions. The reimbursement will be deposited to your Camino Federal Credit Union account.
4. The Minimum Employer Contribution is not deducted from your STRS statement and is not reimbursed to your credit union account.

Other Southern California Counties
2011 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
Blue Shield Access +	\$337.88	\$675.76	\$905.75	\$567.87	\$1,335.74	\$1,476.46
Minimum Employer Contribution*	\$10.50	\$10.50	\$10.50	\$10.50	\$10.50	\$10.50
STRS Deduction	\$327.38	\$665.26	\$895.25	\$557.37	\$1,325.24	\$1,465.96
Reimbursement	\$327.38	\$589.50	\$589.50	\$557.37	\$589.50	\$589.50
Differential (Amount Not Reimbursed)	\$0.00	\$75.76	\$305.75	\$0.00	\$735.74	\$876.46
Blue Shield NetValue	\$337.88	\$675.76	\$826.50	\$488.62	\$977.24	\$1,270.41
Minimum Employer Contribution*	\$10.50	\$10.50	\$10.50	\$10.50	\$10.50	\$10.50
STRS Deduction	\$327.38	\$665.26	\$816.00	\$478.12	\$966.74	\$1,259.91
Reimbursement	\$327.38	\$589.50	\$754.96	\$478.12	\$589.50	\$589.50
Differential (Amount Not Reimbursed)	\$0.00	\$75.76	\$61.04	\$0.00	\$377.24	\$670.41
Kaiser	\$282.30	\$564.60	\$760.25	\$477.95	\$955.90	\$1,242.67
Minimum Employer Contribution*	\$10.50	\$10.50	\$10.50	\$10.50	\$10.50	\$10.50
STRS Deduction	\$271.80	\$554.10	\$749.75	\$467.45	\$945.40	\$1,232.17
Reimbursement	\$271.80	\$554.10	\$589.50	\$467.45	\$589.50	\$589.50
Differential (Amount Not Reimbursed)	\$0.00	\$0.00	\$160.25	\$0.00	\$355.90	\$642.67
PERS Choice	\$375.88	\$751.76	\$892.16	\$516.28	\$1,032.56	\$1,342.33
Minimum Employer Contribution*	\$10.50	\$10.50	\$10.50	\$10.50	\$10.50	\$10.50
STRS Deduction	\$365.38	\$741.26	\$881.66	\$505.78	\$1,022.06	\$1,331.83
Reimbursement	\$365.38	\$589.50	\$589.50	\$505.78	\$589.50	\$589.50
Differential (Amount Not Reimbursed)	\$0.00	\$151.76	\$292.16	\$0.00	\$432.56	\$742.33
PERS Select	\$375.88	\$751.76	\$827.36	\$451.48	\$902.96	\$1,173.85
Minimum Employer Contribution*	\$10.50	\$10.50	\$10.50	\$10.50	\$10.50	\$10.50
STRS Deduction	\$365.38	\$741.26	\$816.86	\$440.98	\$892.46	\$1,163.35
Reimbursement	\$365.38	\$589.50	\$589.50	\$440.98	\$589.50	\$589.50
Differential (Amount Not Reimbursed)	\$0.00	\$151.76	\$227.36	\$0.00	\$302.96	\$573.85
PERS Care	\$433.66	\$867.32	\$1,252.84	\$819.18	\$1,638.36	\$2,129.87
Minimum Employer Contribution*	\$10.50	\$10.50	\$10.50	\$10.50	\$10.50	\$10.50
STRS Deduction	\$423.16	\$856.82	\$1,242.34	\$808.68	\$1,627.86	\$2,119.37
Reimbursement	\$423.16	\$589.50	\$589.50	\$589.50	\$589.50	\$589.50
Differential (Amount Not Reimbursed)	\$0.00	\$267.32	\$652.84	\$219.18	\$1,038.36	\$1,529.87

Notes:

1. The maximum reimbursement of insurance premium is \$600.00.
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3. The entire premium for the insurance program you choose will be deducted from your monthly STRS distributions. The reimbursement will be deposited to your Camino Federal Credit Union account.
4. The Minimum Employer Contribution is not deducted from your STRS statement and is not reimbursed to your credit union account.