

## Lodi Unified School District

## CalPERS 2018 Monthly Premiums for Contracting Agencies Other Northern California Region

Apline, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Plumas, San Benito, Shasta, Sierra, Siskiyou, Stanislaus, Tehama, Trinity, Tuolumne

### Actives and Retirees

Effective Date: 1/1/2018 - 12/31/2018

#### Basic Monthly Rate (B) - Under 65

PLAN	Employee Only	Plan Code	Party Rate	Employee & 1 Dependent	Plan Code	Party Rate	Employee & 2+ Dependents	Plan Code	Party Rate
Anthem EPO Del Norte	\$813.96	174 1	1	\$1,627.92	174 2	2	\$2,116.30	174 3	3
Anthem EPO Monterey <sub>1</sub>	910.90	484 1	1	1,821.80	484 2	2	2,368.34	484 3	3
Anthem HMO Select	910.90	470 1	1	1,821.80	470 2	2	2,368.34	470 3	3
Anthem HMO Traditional	954.75	466 1	1	1,909.50	466 2	2	2,482.35	466 3	3
Blue Shield Access+	894.43	303 1	1	1,788.86	303 2	2	2,325.52	303 3	3
Blue Shield EPO	894.43	482 1	1	1,788.86	482 2	2	2,325.52	482 3	3
Kaiser Permanente	795.43	307 1	1	1,590.86	307 2	2	2,068.12	307 3	3
PERS Choice	813.96	322 1	1	1,627.92	322 2	2	2,116.30	322 3	3
PERS Select	691.78	053 1	1	1,383.56	053 2	2	1,798.63	053 3	3
PERSCare	866.93	327 1	1	1,733.86	327 2	2	2,254.02	327 3	3
UnitedHealthcare	1,205.55	430 1	1	2,411.10	430 2	2	3,134.43	430 3	3
Western Health Advantage	744.79	177 1	1	1,489.58	177 2	2	1,936.45	177 3	3

#### Supplement/Managed Medicare Monthly Rate (M) - Over 65

PLAN	Employee Only	Plan Code	Party Rate	Employee & 1 Dependent	Plan Code	Party Rate	Employee & 2+ Dependents	Plan Code	Party Rate
Anthem Traditional Med Adv Health Only	\$370.34	268 1	4	\$740.68	268 2	5	\$1,111.02	268 3	6
Anthem Traditional <sub>2</sub> Med Adv Health/Dental/Vision	370.34	165 1	4	740.68	165 2	5	1,111.02	165 3	6
Kaiser Senior Adv	316.34	317 1	4	632.68	317 2	5	949.02	317 3	6
Kaiser Senior Adv/Dental <sub>3</sub>	316.34	491 1	4	632.68	491 2	5	949.02	491 3	6
PERS Choice Med Supp	345.97	332 1	4	691.94	332 2	5	1,037.91	332 3	6
PERS Select Med Supp	345.97	054 1	4	691.94	054 2	5	1,037.91	054 3	6
PERSCare Med Supp	382.30	337 1	4	764.60	337 2	5	1,146.90	337 3	6
UnitedHealthcare Grp Med Adv/PPO Health Only	330.76	384 1	4	661.52	384 2	5	992.28	384 3	6
UnitedHealthcare <sub>4</sub> Grp Med Adv/PPO Health/Dental/Vision	330.76	385 1	4	661.52	385 2	5	992.28	385 3	6

<sup>1</sup>Pending termination subject to regulatory approval for adding Monterey to Anthem Select HMO

<sup>2</sup>Dental and Vision coverage is an additional \$38.00 per member per month premium. You will be billed directly for this amount.

<sup>3</sup>Dental benefit is an additional \$15.05 per member per month premium. You will be billed directly for this amount.

<sup>4</sup>Dental and Vision coverage is an additional \$27.65 per member per month premium. You will be billed directly for this amount.

**\*\*Use the "Health Plan Search by Zip Code" on the CalPERS website to find the relevant plans in your area\*\***

District Caps*	Dental	Vision (VSP)
LEA	\$ 737.05	CVT \$167.65 \$20.00
CSEA***	\$ 673.30	Delta Dental \$114.13 \$25.00
LPPA	\$ 566.40	CVT \$171.53 \$25.00
MGT	\$ 426.15	CVT \$165.75 \$20.00
CONFIDENTIAL	\$ 426.15	CVT \$167.65 \$25.00
SUPV***	\$ 651.79	CVT \$165.75 \$25.00

\*District contributions are subject to change due to on-going bargaining group negotiations.

\*\*\*Upon selection of A,B or C, refer to bargaining group contract

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**Actives and Retirees**  
**Effective Date: 1/1/2018 - 12/31/2018**

**Combination Monthly Rate - Retiree Over 65 with dependent under 65**

PLAN	Employee in M 1 Dependent in B	Plan Code	Party Rate	Employee in M 2+ Dependents in B	Plan Code	Party Rate	Employee in M & 1 Dependent in M 1+ Dependents in B	Plan Code	Party Rate
Anthem EPO Del Norte/Med Supp	\$1,159.93	377 4	7	\$1,648.31	377 5	8	\$1,180.32	377 6	9
Anthem EPO Monterey/Med Supp <sup>1</sup>	1,256.87	362 4	7	1,803.41	362 5	8	1,238.48	362 6	9
Anthem Traditional/ Med Adv Health Only	1,325.09	388 4	7	1,897.94	388 5	8	1,313.53	388 6	9
Anthem Traditional/ Med Adv Health/Dental/Vision	1,325.09	197 4	7	1,897.94	197 5	8	1,313.53	197 6	9
Kaiser/Senior Adv	1,111.77	344 4	7	1,589.03	344 5	8	1,109.94	344 6	9
Kaiser/Senior Adv/Dental <sup>3</sup>	1,111.77	501 4	7	1,589.03	501 5	8	1,109.94	501 6	9
PERS Choice/Med Supp	1,159.93	349 4	7	1,648.31	349 5	8	1,180.32	349 6	9
PERS Select/Med Supp	1,037.75	355 4	7	1,452.82	355 5	8	1,107.01	355 6	9
PERSCare/Med Supp	1,249.23	360 4	7	1,769.39	360 5	8	1,284.76	360 6	9
UnitedHealthcare/ Grp Med Adv/PPO Health Only	1,536.31	371 4	7	2,259.64	371 5	8	1,384.85	371 6	9
UnitedHealthcare <sup>4</sup> / Grp Med Adv/PPO Health/Dental/Vision	1,536.31	372 4	7	2,259.64	372 5	8	1,384.85	372 6	9

**Combination Monthly Rate - Retiree under 65 with dependent over 65**

PLAN	Employee in B 1 Dependent in M	Plan Code	Party Rate	Employee in B 2+ Dependents in M	Plan Code	Party Rate	Employee in B & 1 Dependent in B 1+ Dependents in M	Plan Code	Party Rate
Anthem EPO Del Norte/Med Supp	\$1,159.93	377 7	10	\$1,505.90	377 8	11	\$1,648.31	377 9	12
Anthem EPO Monterey/Med Supp <sup>1</sup>	1,256.87	362 7	10	1,602.84	362 8	11	1,803.41	362 9	12
Anthem Traditional/ Med Adv Health Only	1,325.09	388 7	10	1,695.43	388 8	11	1,897.94	388 9	12
Anthem Traditional/ Med Adv Health/Dental/Vision	1,325.09	197 7	10	1,695.43	197 8	11	1,897.94	197 9	12
Kaiser/Senior Adv	1,111.77	344 7	10	1,428.11	344 8	11	1,589.03	344 9	12
Kaiser/Senior Adv/Dental <sup>3</sup>	1,111.77	501 7	10	1,428.11	501 8	11	1,589.03	501 9	12
PERS Choice/Med Supp	1,159.93	349 7	10	1,505.90	349 8	11	1,648.31	349 9	12
PERS Select/Med Supp	1,037.75	355 7	10	1,383.72	355 8	11	1,452.82	355 9	12
PERSCare/Med Supp	1,249.23	360 7	10	1,631.53	360 8	11	1,769.39	360 9	12
UnitedHealthcare/ Grp Med Adv/PPO Health Only	1,536.31	371 7	10	1,867.07	371 8	11	2,259.64	371 9	12
UnitedHealthcare <sup>4</sup> / Grp Med Adv/PPO Health/Dental/Vision	1,536.31	372 7	10	1,867.07	372 8	11	2,259.64	372 9	12

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**For Medical changes please contact CalPERS at 888-225-7377**  
**For Dental and/or Vision changes please contact Lodi Unified at 209-331-7138**