

Lodi Unified School District

CalPERS 2018 Monthly Premiums for Contracting Agencies Bay Area Region

Alameda, Amador, Contra Costa, Marin, Napa, Nevada, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Solano,
Sonoma, Sutter, Yuba

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 HMO Select	\$856.41	454 1	1	\$1,712.82	454 2	2	\$2,226.67	454 3	3
Anthem HMO Traditional	925.47	450 1	1	1,850.94	450 2	2	2,406.22	450 3	3
Blue Shield Access+	889.02	102 1	1	1,778.04	102 2	2	2,311.45	102 3	3
HealthNet SmartCare	863.48	375 1	1	1,726.96	375 2	2	2,245.05	375 3	3
Kaiser Permanente	779.86	104 1	1	1,559.72	104 2	2	2,027.64	104 3	3
PERS Choice	800.27	106 1	1	1,600.54	106 2	2	2,080.70	106 3	3
PERS Select	717.50	126 1	1	1,435.00	126 2	2	1,865.50	126 3	3
PERSCare	882.45	122 1	1	1,764.90	122 2	2	2,294.37	122 3	3
UnitedHealthcare	1,371.84	426 1	1	2,743.68	426 2	2	3,566.78	426 3	3
Western Health Advantage	792.56	179 1	1	1,585.12	179 2	2	2,060.66	179 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	276 1	4	\$740.68	276 2	5	\$1,111.02	276 3	6
Anthem Traditional, Med Adv Health/Dental/Vision	370.34	167 1	4	740.68	167 2	5	1,111.02	167 3	6
Kaiser Senior Adv	316.34	114 1	4	632.68	114 2	5	949.02	114 3	6
Kaiser Senior Adv/Dental ₂	316.34	490 1	4	632.68	490 2	5	949.02	490 3	6
PERS Choice Med Supp	345.97	116 1	4	691.94	116 2	5	1,037.91	116 3	6
PERS Select Med Supp	345.97	136 1	4	691.94	136 2	5	1,037.91	136 3	6
PERSCare Med Supp	382.30	132 1	4	764.60	132 2	5	1,146.90	132 3	6
UnitedHealthcare Grp Med Adv/PPO Health Only	330.76	380 1	4	661.52	380 2	5	992.28	380 3	6
UnitedHealthcare ₃ Grp Med Adv/PPO Health/Dental/Vision	330.76	381 1	4	661.52	381 2	5	992.28	381 3	6

¹Dental and Vision coverage is an additional \$38.00 per member per month premium. You will be billed directly for this amount.

²Dental benefit is an additional \$15.05 per member per month premium. You will be billed directly for this amount.

³Dental 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(s) 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 Traditional/ Med Adv Health Only	\$1,295.81	390 4	7	\$1,851.09	390 5	8	\$1,295.96	390 6	9
Anthem Traditional/ Med Adv Health/Dental/Vision	1,295.81	234 4	7	1,851.09	234 5	8	1,295.96	234 6	9
Kaiser/Senior Adv	1,096.20	340 4	7	1,564.12	340 5	8	1,100.60	340 6	9
Kaiser/Senior Adv/Dental ₂	1,096.20	500 4	7	1,564.12	500 5	8	1,100.60	500 6	9
PERS Choice/Med Supp	1,146.24	345 4	7	1,626.40	345 5	8	1,172.10	345 6	9
PERS Select/Med Supp	1,063.47	351 4	7	1,493.97	351 5	8	1,122.44	351 6	9
PERSCare/Med Supp	1,264.75	356 4	7	1,794.22	356 5	8	1,294.07	356 6	9
UnitedHealthcare/ Grp Med Adv/PPO Health Only	1,702.60	367 4	7	2,525.70	367 5	8	1,484.62	367 6	9
UnitedHealthcare ₃ / Grp Med Adv/PPO Health/Dental/Vision	1,702.60	368 4	7	2,525.70	368 5	8	1,484.62	368 6	9

Combination Monthly Rate - Retiree Under 65 with Dependent(s) 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 Traditional/ Med Adv Health Only	\$1,295.81	390 7	10	\$1,666.15	390 8	11	\$1,851.09	390 9	12
Anthem Traditional/ Med Adv Health/Dental/Vision	1,295.81	234 7	10	1,666.15	234 8	11	1,851.09	234 9	12
Kaiser/Senior Adv	1,096.20	340 7	10	1,412.54	340 8	11	1,564.12	340 9	12
Kaiser/Senior Adv/Dental ₂	1,096.20	500 7	10	1,412.54	500 8	11	1,564.12	500 9	12
PERS Choice/Med Supp	1,146.24	345 7	10	1,492.21	345 8	11	1,626.40	345 9	12
PERS Select/Med Supp	1,063.47	351 7	10	1,409.44	351 8	11	1,493.97	351 9	12
PERSCare/Med Supp	1,264.75	356 7	10	1,647.05	356 8	11	1,794.22	356 9	12
UnitedHealthcare/ Grp Med Adv/PPO Health Only	1,702.60	367 7	10	2,033.36	367 8	11	2,525.70	367 9	12
UnitedHealthcare ₃ / Grp Med Adv/PPO Health/Dental/Vision	1,702.60	368 7	10	2,033.36	368 8	11	2,525.70	368 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