

Lodi Unified School District

**CalPERS 2018 Monthly Premiums for Contracting Agencies
Other Southern California Region**

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

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 | \$659.69 | 478 1 | 1 | \$1,319.38 | 478 2 | 2 | \$1,715.19 | 478 3 | 3 |
| Anthem HMO Traditional | 735.08 | 407 1 | 1 | 1,470.16 | 407 2 | 2 | 1,911.21 | 407 3 | 3 |
| Blue Shield Access+ | 695.97 | 142 1 | 1 | 1,391.94 | 142 2 | 2 | 1,809.52 | 142 3 | 3 |
| Health Net Salud y Más | 461.56 | 412 1 | 1 | 923.12 | 412 2 | 2 | 1,200.06 | 412 3 | 3 |
| Health Net SmartCare | 607.68 | 414 1 | 1 | 1,215.36 | 414 2 | 2 | 1,579.97 | 414 3 | 3 |
| Kaiser Permanente | 666.80 | 308 1 | 1 | 1,333.60 | 308 2 | 2 | 1,733.68 | 308 3 | 3 |
| PERS Choice | 698.96 | 323 1 | 1 | 1,397.92 | 323 2 | 2 | 1,817.30 | 323 3 | 3 |
| PERS Select | 654.74 | 082 1 | 1 | 1,309.48 | 082 2 | 2 | 1,702.32 | 082 3 | 3 |
| PERSCare | 733.50 | 328 1 | 1 | 1,467.00 | 328 2 | 2 | 1,907.10 | 328 3 | 3 |
| Sharp | 618.14 | 420 1 | 1 | 1,236.28 | 420 2 | 2 | 1,607.16 | 420 3 | 3 |
| UnitedHealthcare | 616.66 | 432 1 | 1 | 1,233.32 | 432 2 | 2 | 1,603.32 | 432 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 | 259 1 | 4 | \$740.68 | 259 2 | 5 | \$1,111.02 | 259 3 | 6 |
| Anthem Traditional ₁ Med Adv Health/Dental/Vision | 370.34 | 109 1 | 4 | 740.68 | 109 2 | 5 | 1,111.02 | 109 3 | 6 |
| Kaiser Senior Adv | 316.34 | 318 1 | 4 | 632.68 | 318 2 | 5 | 949.02 | 318 3 | 6 |
| Kaiser Senior Adv/Dental ₂ | 316.34 | 492 1 | 4 | 632.68 | 492 2 | 5 | 949.02 | 492 3 | 6 |
| PERS Choice Med Supp | 345.97 | 333 1 | 4 | 691.94 | 333 2 | 5 | 1,037.91 | 333 3 | 6 |
| PERS Select Med Supp | 345.97 | 083 1 | 4 | 691.94 | 083 2 | 5 | 1,037.91 | 083 3 | 6 |
| PERSCare Med Supp | 382.30 | 338 1 | 4 | 764.60 | 338 2 | 5 | 1,146.90 | 338 3 | 6 |
| UnitedHealthcare Grp Med Adv/PPO Health Only | 330.76 | 386 1 | 4 | 661.52 | 386 2 | 5 | 992.28 | 386 3 | 6 |
| UnitedHealthcare ₃ Grp Med Adv/PPO Health/Dental/Vision | 330.76 | 387 1 | 4 | 661.52 | 387 2 | 5 | 992.28 | 387 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 | \$1,105.42 | 310 4 | 7 | \$1,546.47 | 310 5 | 8 | \$1,181.73 | 310 6 | 9 |
| Anthem Traditional/ Med Adv Health/Dental/Vision | 1,105.42 | 169 4 | 7 | 1,546.47 | 169 5 | 8 | 1,181.73 | 169 6 | 9 |
| Kaiser/Senior Adv | 983.14 | 343 4 | 7 | 1,383.22 | 343 5 | 8 | 1,032.76 | 343 6 | 9 |
| Kaiser/Senior Adv/Dental ₂ | 983.14 | 502 4 | 7 | 1,383.22 | 502 5 | 8 | 1,032.76 | 502 6 | 9 |
| PERS Choice/Med Supp | 1,044.93 | 348 4 | 7 | 1,464.31 | 348 5 | 8 | 1,111.32 | 348 6 | 9 |
| PERS Select/Med Supp | 1,000.71 | 354 4 | 7 | 1,393.55 | 354 5 | 8 | 1,084.78 | 354 6 | 9 |
| PERSCare/Med Supp | 1,115.80 | 359 4 | 7 | 1,555.90 | 359 5 | 8 | 1,204.70 | 359 6 | 9 |
| UnitedHealthcare/ Grp Med Adv/PPO Health Only | 947.42 | 373 4 | 7 | 1,317.42 | 373 5 | 8 | 1,031.52 | 373 6 | 9 |
| UnitedHealthcare ₃ / Grp Med Adv/PPO Health/Dental/Vision | 947.42 | 374 4 | 7 | 1,317.42 | 374 5 | 8 | 1,031.52 | 374 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 | \$1,105.42 | 310 7 | 10 | \$1,475.76 | 310 8 | 11 | \$1,546.47 | 310 9 | 12 |
| Anthem Traditional/ Med Adv Health/Dental/Vision | 1,105.42 | 169 7 | 10 | 1,475.76 | 169 8 | 11 | 1,546.47 | 169 9 | 12 |
| Kaiser/Senior Adv | 983.14 | 343 7 | 10 | 1,299.48 | 343 8 | 11 | 1,383.22 | 343 9 | 12 |
| Kaiser/Senior Adv/Dental ₂ | 983.14 | 502 7 | 10 | 1,299.48 | 502 8 | 11 | 1,383.22 | 502 9 | 12 |
| PERS Choice/Med Supp | 1,044.93 | 348 7 | 10 | 1,390.90 | 348 8 | 11 | 1,464.31 | 348 9 | 12 |
| PERS Select/Med Supp | 1,000.71 | 354 7 | 10 | 1,346.68 | 354 8 | 11 | 1,393.55 | 354 9 | 12 |
| PERSCare/Med Supp | 1,115.80 | 359 7 | 10 | 1,498.10 | 359 8 | 11 | 1,555.90 | 359 9 | 12 |
| UnitedHealthcare/ Grp Med Adv/PPO Health Only | 947.42 | 373 7 | 10 | 1,278.18 | 373 8 | 11 | 1,317.42 | 373 9 | 12 |
| UnitedHealthcare ₃ / Grp Med Adv/PPO Health/Dental/Vision | 947.42 | 374 7 | 10 | 1,278.18 | 374 8 | 11 | 1,317.42 | 374 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