

## Lodi Unified School District

## CalPERS 2019 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 Annuitants Effective Date: 1/1/2019 - 12/31/2019

#### Basic Monthly Rate (B)

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	\$866.95	174 1	1	\$1,733.90	174 2	2	\$2,254.07	174 3	3
Anthem HMO Select	592.23	470 1	1	1,184.46	470 2	2	1,539.80	470 3	3
Anthem HMO Traditional	1,334.38	466 1	1	2,668.76	466 2	2	3,469.39	466 3	3
BSC Access+	976.81	303 1	1	1,953.62	303 2	2	2,539.71	303 3	3
BSC EPO	976.81	482 1	1	1,953.62	482 2	2	2,539.71	482 3	3
Kaiser Permanente	783.13	307 1	1	1,566.26	307 2	2	2,036.14	307 3	3
PERS Choice	866.95	322 1	1	1,733.90	322 2	2	2,254.07	322 3	3
PERS Select	511.34	053 1	1	1,022.68	053 2	2	1,329.48	053 3	3
PERSCare	1,085.83	327 1	1	2,171.66	327 2	2	2,823.16	327 3	3
PORAC	774.00	207 1	1	1,623.00	207 2	2	2,076.00	207 3	3
Western Health Advantage	696.68	177 1	1	1,393.36	177 2	2	1,811.37	177 3	3

#### Supplement/Managed Medicare Monthly Rate (M)

PLAN	Employee Only	Plan Code	Party Rate	Employee & 1 Dependent	Plan Code	Party Rate	Employee & 2+ Dependents	Plan Code	Party Rate
Anthem Medicare Preferred Health Only	\$357.44	268 1	4	\$714.88	268 2	5	\$1,072.32	268 3	6
Anthem Medicare Preferred <sup>1</sup> Health/Dental/Vision	357.44	165 1	4	714.88	165 2	5	1,072.32	165 3	6
Kaiser Senior Adv	323.74	317 1	4	647.48	317 2	5	971.22	317 3	6
Kaiser Senior Adv/Dental <sup>2</sup>	323.74	491 1	4	647.48	491 2	5	971.22	491 3	6
PERS Choice Med Supp	360.41	332 1	4	720.82	332 2	5	1,081.23	332 3	6
PERS Select Med Supp	360.41	054 1	4	720.82	054 2	5	1,081.23	054 3	6
PERSCare Med Supp	394.83	337 1	4	789.66	337 2	5	1,184.49	337 3	6
PORAC Med Supp	513.00	208 1	4	1,022.00	208 2	5	1,635.00	208 3	6

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

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

<sup>3</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 \$167.63 \$20.00
CSEA***	\$ 673.30	Delta Dental \$114.13 \$25.00
LPPA	\$ 566.40	CVT \$171.50 \$25.00
MGT	\$ 426.15	CVT \$165.76 \$20.00
CONFIDENTIAL	\$ 426.15	CVT \$167.63 \$25.00
SUPV***	\$ 651.79	CVT \$165.76 \$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

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

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### Actives and Annuitants

Effective Date: 1/1/2019 - 12/31/2019

#### Combination Monthly Rate

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	\$1,227.36	377 4	7	\$1,747.53	377 5	8	\$1,240.99	377 6	9
Anthem Traditional/	1,691.82	388 4	7	2,492.45	388 5	8	1,515.51	388 6	9
Anthem Traditional/ Med Pref Health/Dental/Vision	1,691.82	197 4	7	2,492.45	197 5	8	1,515.51	197 6	9
Kaiser/Senior Adv	1,106.87	344 4	7	1,576.75	344 5	8	1,117.36	344 6	9
Kaiser/Senior Adv/Dental2	1,106.87	501 4	7	1,576.75	501 5	8	1,117.36	501 6	9
PERS Choice/Med Supp	1,227.36	349 4	7	1,747.53	349 5	8	1,240.99	349 6	9
PERS Select/Med Supp	871.75	355 4	7	1,178.55	355 5	8	1,027.62	355 6	9
PERSCare/Med Supp	1,480.66	360 4	7	2,132.16	360 5	8	1,441.16	360 6	9
PORAC/Med Supp	1,362.00	158 4	7	1,815.00	158 5	8	1,475.00	158 6	9

#### Combination Monthly Rate

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 M 1+ Dependents in B	Plan Code	Party Rate
Anthem EPO Del Norte/Med Supp	\$1,227.36	377 7	10	\$1,587.77	377 8	11	\$1,747.53	377 9	12
Anthem Traditional/ Med Pref Health Only	1,691.82	388 7	10	2,049.26	388 8	11	2,492.45	388 9	12
Anthem Traditional/	1,691.82	197 7	10	2,049.26	197 8	11	2,492.45	197 9	12
Kaiser/Senior Adv	1,106.87	344 7	10	1,430.61	344 8	11	1,576.75	344 9	12
Kaiser/Senior Adv/Dental2	1,106.87	501 7	10	1,430.61	501 8	11	1,576.75	501 9	12
PERS Choice/Med Supp	1,227.36	349 7	10	1,587.77	349 8	11	1,747.53	349 9	12
PERS Select/Med Supp	871.75	355 7	10	1,232.16	355 8	11	1,178.55	355 9	12
PERSCare/Med Supp	1,480.66	360 7	10	1,875.49	360 8	11	2,132.16	360 9	12
PORAC/Med Supp	1,283.00	158 7	10	1,896.00	158 8	11	1,736.00	158 9	12

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