

Lodi Unified School District

CalPERS 2019 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 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 HMO Select	\$831.44	454 1	1	\$1,662.88	454 2	2	\$2,161.74	454 3	3
Anthem HMO Traditional	1,111.13	450 1	1	2,222.26	450 2	2	2,888.94	450 3	3
BSC Access+	970.90	102 1	1	1,941.80	102 2	2	2,524.34	102 3	3
HealthNet SmartCare	901.55	375 1	1	1,803.10	375 2	2	2,344.03	375 3	3
Kaiser Permanente	768.25	104 1	1	1,536.50	104 2	2	1,997.45	104 3	3
PERS Choice	866.27	106 1	1	1,732.54	106 2	2	2,252.30	106 3	3
PERS Select	543.19	126 1	1	1,086.38	126 2	2	1,412.29	126 3	3
PERSCare	1,131.68	122 1	1	2,263.36	122 2	2	2,942.37	122 3	3
PORAC	774.00	207 1	1	1,623.00	207 2	2	2,076.00	207 3	3
Western Health Advantage	767.01	179 1	1	1,534.02	179 2	2	1,994.23	179 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	276 1	4	\$714.88	276 2	5	\$1,072.32	276 3	6
Anthem Medicare Preferred Health/Dental/Vision	357.44	167 1	4	714.88	167 2	5	1,072.32	167 3	6
Kaiser Senior Adv	323.74	114 1	4	647.48	114 2	5	971.22	114 3	6
Kaiser Senior Adv/Dental ²	323.74	490 1	4	647.48	490 2	5	971.22	490 3	6
PERS Choice Med Supp	360.41	116 1	4	720.82	116 2	5	1,081.23	116 3	6
PERS Select Med Supp	360.41	136 1	4	720.82	136 2	5	1,081.23	136 3	6
PERSCare Med Supp	394.83	132 1	4	789.66	132 2	5	1,184.49	132 3	6
PORAC Med Supp	513.00	208 1	4	1,022.00	208 2	5	1,635.00	208 3	6
UnitedHealthcare Grp Med Adv/PPO Health Only	299.37	380 1	4	598.74	380 2	5	898.11	380 3	6
UnitedHealthcare ³ Grp Med Adv/PPO Health/Dental/Vision	299.37	381 1	4	598.74	381 2	5	898.11	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 \$167.63 \$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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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 Traditional/ Med Pref Health Only	\$1,468.57	390 4	7	\$2,135.25	390 5	8	\$1,381.56	390 6	9
Anthem Traditional/ Med Pref Health/Dental/Vision	1,468.57	234 4	7	2,135.25	234 5	8	1,381.56	234 6	9
Kaiser/Senior Adv	1,091.99	340 4	7	1,552.94	340 5	8	1,108.43	340 6	9
Kaiser/Senior Adv/Dentalz	1,091.99	500 4	7	1,552.94	500 5	8	1,108.43	500 6	9
PERS Choice/Med Supp	1,226.68	345 4	7	1,746.44	345 5	8	1,240.58	345 6	9
PERS Select/Med Supp	903.60	351 4	7	1,229.51	351 5	8	1,046.73	351 6	9
PERSCare/Med Supp	1,526.51	356 4	7	2,205.52	356 5	8	1,468.67	356 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 Traditional/ Med Pref Health Only	\$1,468.57	390 7	10	\$1,826.01	390 8	11	\$2,135.25	390 9	12
Anthem Traditional/ Med Pref Health/Dental/Vision	1,468.57	234 7	10	1,826.01	234 8	11	2,135.25	234 9	12
Kaiser/Senior Adv	1,091.99	340 7	10	1,415.73	340 8	11	1,552.94	340 9	12
Kaiser/Senior Adv/Dentalz	1,091.99	500 7	10	1,415.73	500 8	11	1,552.94	500 9	12
PERS Choice/Med Supp	1,226.68	345 7	10	1,587.09	345 8	11	1,746.44	345 9	12
PERS Select/Med Supp	903.60	351 7	10	1,264.01	351 8	11	1,229.51	351 9	12
PERSCare/Med Supp	1,526.51	356 7	10	1,921.34	356 8	11	2,205.52	356 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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