LODI UNIFIED SCHOOL DISTRICT

# BENEFITS MATRIX FOR "LUSDAA EMPLOYEES"

Rates effective with paychecks 12/31/24 to 11/30/25; Insurance Effective on 1/1/25

| MEDICAL PROVIDER | PLAN | TIERS | MEDICAL | DENTAL *MANDATORY | VISION *MANDATORY | BENEFITS TOTAL | DISTRICT CAP | EMPLOYEE COST PER MONTH |
|---|---|---|---|---|---|---|---|---|
| **KAISER** | **HMO** | | | | | | | |
| E30 | SELF | 1 | 1112.9 | $130.52 | $20.00 | $1,263.42 | $817.64 | $445.78 |
| D30 | SELF + 1 DEPENDENT | 2 | 2225.8 | $130.52 | $20.00 | $2,376.32 | $817.64 | $1,558.68 |
| F30 | SELF + DEPENDENTS | 3 | 2893.54 | $130.52 | $20.00 | $3,044.06 | $817.64 | $2,226.42 |
| **BLUE SHIELD ACCESS** | **HMO** | | | | | | | |
| E30 | SELF | 1 | 1170.17 | $130.52 | $20.00 | $1,320.69 | $817.64 | $503.05 |
| D30 | SELF + 1 DEPENDENT | 2 | 2340.34 | $130.52 | $20.00 | $2,490.86 | $817.64 | $1,673.22 |
| F30 | SELF + DEPENDENTS | 3 | 3042.44 | $130.52 | $20.00 | $3,192.96 | $817.64 | $2,375.32 |
| **BLUE SHIELD TRIO** | **HMO PLAN** | | | | | | | |
| E30 | SELF | 1 | 1134.79 | $130.52 | $20.00 | $1,285.31 | $817.64 | $467.67 |
| D30 | SELF + 1 DEPENDENT | 2 | 2269.58 | $130.52 | $20.00 | $2,420.10 | $817.64 | $1,602.46 |
| F30 | SELF + DEPENDENTS | 3 | 2950.45 | $130.52 | $20.00 | $3,100.97 | $817.64 | $2,283.33 |
| **PERS PLATINUM** | **PPO 90/10** | | | | | | | |
| E30 | SELF | 1 | 1476.1 | $130.52 | $20.00 | $1,626.62 | $817.64 | $808.98 |
| D30 | SELF + 1 DEPENDENT | 2 | 2952.2 | $130.52 | $20.00 | $3,102.72 | $817.64 | $2,285.08 |
| F30 | SELF + DEPENDENTS | 3 | 3837.86 | $130.52 | $20.00 | $3,988.38 | $817.64 | $3,170.74 |
| **PERS GOLD PPO** | **PPO 80/20** | | | | | | | |
| E30 | SELF | 1 | 1013.7 | $130.52 | $20.00 | $1,164.22 | $817.64 | $346.58 |
| D30 | SELF + 1 DEPENDENT | 2 | 2027.4 | $130.52 | $20.00 | $2,177.92 | $817.64 | $1,360.28 |
| F30 | SELF + DEPENDENTS | 3 | 2635.62 | $130.52 | $20.00 | $2,786.14 | $817.64 | $1,968.50 |
| **ANTHEM SELECT HMO** | **HMO** | | | | | | | |
| E30 | SELF | 1 | 1256.65 | $130.52 | $20.00 | $1,407.17 | $817.64 | $589.53 |
| D30 | SELF + 1 DEPENDENT | 2 | 2513.3 | $130.52 | $20.00 | $2,663.82 | $817.64 | $1,846.18 |
| F30 | SELF + DEPENDENTS | 3 | 3267.29 | $130.52 | $20.00 | $3,417.81 | $817.64 | $2,600.17 |
| **ANTHEM HMO TRADITIONAL** | **HMO** | | | | | | | |
| E30 | SELF | 1 | 1500.4 | $130.52 | $20.00 | $1,650.92 | $817.64 | $833.28 |
| D30 | SELF + 1 DEPENDENT | 2 | 3000.8 | $130.52 | $20.00 | $3,151.32 | $817.64 | $2,333.68 |
| F30 | SELF + DEPENDENTS | 3 | 3901.04 | $130.52 | $20.00 | $4,051.56 | $817.64 | $3,233.92 |

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| MEDICAL PROVIDER | PLAN | TIERS | MEDICAL | DENTAL *MANDATORY | VISION *MANDATORY | BENEFITS TOTAL | DISTRICT CAP | EMPLOYEE COST PER MONTH |
|---|---|---|---|---|---|---|---|---|
| **UNITED HEALTHCARE HMO** | **HMO** | | | | | | | |
| **E30** | **SELF** | 1 | **1184.58** | $130.52 | $20.00 | $1,335.10 | $817.64 | $517.46 |
| **D30** | **SELF + 1 DEPENDENT** | 2 | **2369.16** | $130.52 | $20.00 | $2,519.68 | $817.64 | $1,702.04 |
| **F30** | **SELF + DEPENDENTS** | 3 | **3079.91** | $130.52 | $20.00 | $3,230.43 | $817.64 | $2,412.79 |
| **WESTERN ADVANTAGE HEALTH** | **HMO** | | | | | | | |
| **E30** | **SELF** | 1 | **914.27** | $130.52 | $20.00 | $1,064.79 | $817.64 | $247.15 |
| **D30** | **SELF + 1 DEPENDENT** | 2 | **1828.54** | $130.52 | $20.00 | $1,979.06 | $817.64 | $1,161.42 |
| **F30** | **SELF + DEPENDENTS** | 3 | **2377.1** | $130.52 | $20.00 | $2,527.62 | $817.64 | $1,709.98 |

*rates are subject to change throughout the year*

* Dental and Vision plans require 100% participation for full -time employees.
# Waiving medical coverage requires completing a HEALTH ENROLLMENT form.

for more information go to www.calpers.ca.gov

Basic Premiums - Region 1 (plan are by Zip code)

Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tuolumne, Yolo, Yuba