LODI UNIFIED SCHOOL DISTRICT

REGION 1
2025 MATRIX

0.85

LPPA 85% EMPLOYEES WITH 2025 CAPS

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

PAYROLL USE ONLY

MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL *MANDATORY	VISION *MANDATORY	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE Health Cost	ER Health Cost
KAISER	**HMO**			eff 09/30/24						
E70	SELF	1	1112.9	$135.04	$25.00	$1,272.94	$1,050.96	$221.98	$61.94	$1,050.96
D70	SELF + 1 DEPENDENT	2	2225.8	$135.04	$25.00	$2,385.84	$1,050.96	$1,334.88	$1,174.84	$1,050.96
F70	SELF + DEPENDENTS	3	2893.54	$135.04	$25.00	$3,053.58	$1,050.96	$2,002.62	$1,842.58	$1,050.96
BLUE SHIELD ACCESS	**HMO**									
E70	SELF	1	1170.17	$135.04	$25.00	$1,330.21	$1,050.96	$279.25	$119.21	$1,050.96
D70	SELF + 1 DEPENDENT	2	2340.34	$135.04	$25.00	$2,500.38	$1,050.96	$1,449.42	$1,289.38	$1,050.96
F70	SELF + DEPENDENTS	3	3042.44	$135.04	$25.00	$3,202.48	$1,050.96	$2,151.52	$1,991.48	$1,050.96
BLUE SHIELD TRIO	**HMO PLAN**									
E70	SELF	1	1134.79	$135.04	$25.00	$1,294.83	$1,050.96	$243.87	$83.83	$1,050.96
D70	SELF + 1 DEPENDENT	2	2269.58	$135.04	$25.00	$2,429.62	$1,050.96	$1,378.66	$1,218.62	$1,050.96
F70	SELF + DEPENDENTS	3	2950.45	$135.04	$25.00	$3,110.49	$1,050.96	$2,059.53	$1,899.49	$1,050.96
PERS PLATINUM	**PPO 90/10**									
E70	SELF	1	1476.1	$135.04	$25.00	$1,636.14	$1,050.96	$585.18	$425.14	$1,050.96
D70	SELF + 1 DEPENDENT	2	2952.2	$135.04	$25.00	$3,112.24	$1,050.96	$2,061.28	$1,901.24	$1,050.96
F70	SELF + DEPENDENTS	3	3837.86	$135.04	$25.00	$3,997.90	$1,050.96	$2,946.94	$2,786.90	$1,050.96
PERS GOLD PPO	**PPO 80/20**									
E70	SELF	1	1013.7	$135.04	$25.00	$1,173.74	$1,050.96	$122.78	$0.00	$1,013.70
D70	SELF + 1 DEPENDENT	2	2027.4	$135.04	$25.00	$2,187.44	$1,050.96	$1,136.48	$976.44	$1,050.96
F70	SELF + DEPENDENTS	3	2635.62	$135.04	$25.00	$2,795.66	$1,050.96	$1,744.70	$1,584.66	$1,050.96
ANTHEM SELECT HMO	**HMO**									
E70	SELF	1	1256.65	$135.04	$25.00	$1,416.69	$1,050.96	$365.73	$205.69	$1,050.96
D70	SELF + 1 DEPENDENT	2	2513.3	$135.04	$25.00	$2,673.34	$1,050.96	$1,622.38	$1,462.34	$1,050.96
F70	SELF + DEPENDENTS	3	3267.29	$135.04	$25.00	$3,427.33	$1,050.96	$2,376.37	$2,216.33	$1,050.96
ANTHEM HMO TRADITIONAL	**HMO**									
E70	SELF	1	1500.4	$135.04	$25.00	$1,660.44	$1,050.96	$609.48	$449.44	$1,050.96
D70	SELF + 1 DEPENDENT	2	3000.8	$135.04	$25.00	$3,160.84	$1,050.96	$2,109.88	$1,949.84	$1,050.96
F70	SELF + DEPENDENTS	3	3901.04	$135.04	$25.00	$4,061.08	$1,050.96	$3,010.12	$2,850.08	$1,050.96

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UNITED HEALTHCARE HMO	**HMO**									
E70	**SELF**	1	**1184.58**	$135.04	$25.00	$1,344.62	$1,050.96	$293.66	$133.62	$1,050.96
D70	**SELF + 1 DEPENDENT**	2	**2369.16**	$135.04	$25.00	$2,529.20	$1,050.96	$1,478.24	$1,318.20	$1,050.96
F70	**SELF + DEPENDENTS**	3	**3079.91**	$135.04	$25.00	$3,239.95	$1,050.96	$2,188.99	$2,028.95	$1,050.96
WESTERN ADVANTAGE HEALTH	**HMO**									
E70	**SELF**	1	**914.27**	$135.04	$25.00	$1,074.31	$1,050.96	$23.35	$0.00	$914.27
D70	**SELF + 1 DEPENDENT**	2	**1828.54**	$135.04	$25.00	$1,988.58	$1,050.96	$937.62	$777.58	$1,050.96
F70	**SELF + DEPENDENTS**	3	**2377.1**	$135.04	$25.00	$2,537.14	$1,050.96	$1,486.18	$1,326.14	$1,050.96

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.
**District contributions are subject to change due to on-going bargaining group negotiations.

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