REGION 1 0.5625 0.5312

2026 MATRIX

LODI UNIFIED SCHOOL DISTRICT

CSEA 4.5 HOUR EMPLOYEES WITH 2026 CAPS

Rates effective with paychecks 12/31/25 to 11/30/26; Insurance Effective on 1/1/26

MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	PAYROLL USE ONLY: EE Health Cost	PAYROLL USE ONLY: ER Health Cost
4030										
KAISER	HMO			eff 09/30/25						
E20	SELF	1	1168.86	$102.26	$25.00	$1,296.12	$729.07	$567.05	$439.79	$729.07
D20	SELF + 1 DEPENDENT	2	2337.72	$102.26	$25.00	$2,464.98	$872.72	$1,592.26	$1,465.00	$872.72
F20	SELF + DEPENDENTS	3	3039.04	$102.26	$25.00	$3,166.30	$872.72	$2,293.58	$2,166.32	$872.72
4010										
BLUE SHIELD ACCESS	HMO									
E20	SELF	1	1301.95	$102.26	$25.00	$1,429.21	$760.22	$668.99	$541.73	$760.22
D20	SELF + 1 DEPENDENT	2	2603.9	$102.26	$25.00	$2,731.16	$872.72	$1,858.44	$1,731.18	$872.72
F20	SELF + DEPENDENTS	3	3385.07	$102.26	$25.00	$3,512.33	$872.72	$2,639.61	$2,512.35	$872.72
4024										
BLUE SHIELD TRIO	HMO PLAN									
E20	SELF	1	1166.58	$102.26	$25.00	$1,293.84	$727.79	$566.05	$438.79	$727.79
D20	SELF + 1 DEPENDENT	2	2333.16	$102.26	$25.00	$2,460.42	$872.72	$1,587.70	$1,460.44	$872.72
F20	SELF + DEPENDENTS	3	3033.11	$102.26	$25.00	$3,160.37	$872.72	$2,287.65	$2,160.39	$872.72
4082										
PERS PLATINUM	PPO 90/10									
E20	SELF	1	1670.14	$102.26	$25.00	$1,797.40	$869.37	$928.03	$800.77	$869.37
D20	SELF + 1 DEPENDENT	2	3340.28	$102.26	$25.00	$3,467.54	$872.72	$2,594.82	$2,467.56	$872.72
F20	SELF + DEPENDENTS	3	4342.36	$102.26	$25.00	$4,469.62	$872.72	$3,596.90	$3,469.64	$872.72
4084										
PERS GOLD PPO	PPO 80/20									
E20	SELF	1	1120.58	$102.26	$25.00	$1,247.84	$701.91	$545.93	$418.67	$701.91
D20	SELF + 1 DEPENDENT	2	2241.16	$102.26	$25.00	$2,368.42	$872.72	$1,495.70	$1,368.44	$872.72
F20	SELF + DEPENDENTS	3	2913.51	$102.26	$25.00	$3,040.77	$872.72	$2,168.05	$2,040.79	$872.72
4070										
ANTHEM SELECT HMO	HMO									
E20	SELF	1	1336.29	$102.26	$25.00	$1,463.55	$793.97	$669.58	$542.32	$793.97
D20	SELF + 1 DEPENDENT	2	2672.58	$102.26	$25.00	$2,799.84	$872.72	$1,927.12	$1,799.86	$872.72
F20	SELF + DEPENDENTS	3	3474.35	$102.26	$25.00	$3,601.61	$872.72	$2,728.89	$2,601.63	$872.72
4080										
ANTHEM HMO TRADITIONAL	HMO									
E20	SELF	1	1612.08	$102.26	$25.00	$1,739.34	$838.97	$900.37	$773.11	$838.97
D20	SELF + 1 DEPENDENT	2	3224.16	$102.26	$25.00	$3,351.42	$872.72	$2,478.70	$2,351.44	$872.72
F20	SELF + DEPENDENTS	3	4191.41	$102.26	$25.00	$4,318.67	$872.72	$3,445.95	$3,318.69	$872.72
4090										
UNITED HEALTHCARE HMO	HMO									

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MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	PAYROLL USE ONLY: EE Health Cost	PAYROLL USE ONLY: ER Health Cost
E20	SELF	1	1290.06	$102.26	$25.00	$1,417.32	$760.22	$657.10	$529.84	$760.22
D20	SELF + 1 DEPENDENT	2	2580.12	$102.26	$25.00	$2,707.38	$872.72	$1,834.66	$1,707.40	$872.72
F20	SELF + DEPENDENTS	3	3354.16	$102.26	$25.00	$3,481.42	$872.72	$2,608.70	$2,481.44	$872.72
4095										
WESTERN ADVANTAGE HEALTH	HMO									
E20	SELF	1	969.58	$102.26	$25.00	$1,096.84	$616.97	$479.87	$352.61	$616.97
D20	SELF + 1 DEPENDENT	2	1939.16	$102.26	$25.00	$2,066.42	$872.72	$1,193.70	$1,066.44	$872.72
F20	SELF + DEPENDENTS	3	2520.91	$102.26	$25.00	$2,648.17	$872.72	$1,775.45	$1,648.19	$872.72

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