



REGION 1  
2026 MATRIX

0.8125

0.7812

CSEA 6.5 HOUR EMPLOYEES WITH 2026 CAPS

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

PAYROLL USE  
ONLY

| MEDICAL PROVIDER       | PLAN               | TIERS | MEDICAL | DENTAL       | VISION  | BENEFITS<br>TOTAL | DISTRICT<br>CAP | EMPLOYEE<br>COST PER<br>MONTH | EE Health<br>Cost | ER Health<br>Cost |
|------------------------|--------------------|-------|---------|--------------|---------|-------------------|-----------------|-------------------------------|-------------------|-------------------|
| 4030                   |                    |       |         |              |         |                   |                 |                               |                   |                   |
| KAISER                 | HMO                |       |         | eff 09/30/25 |         |                   |                 |                               |                   |                   |
| E20                    | SELF               | 1     | 1168.86 | \$102.26     | \$25.00 | \$1,296.12        | \$1,053.10      | \$243.02                      | \$115.76          | \$1,053.10        |
| D20                    | SELF + 1 DEPENDENT | 2     | 2337.72 | \$102.26     | \$25.00 | \$2,464.98        | \$1,260.59      | \$1,204.39                    | \$1,077.13        | \$1,260.59        |
| F20                    | SELF + DEPENDENTS  | 3     | 3039.04 | \$102.26     | \$25.00 | \$3,166.30        | \$1,260.59      | \$1,905.71                    | \$1,778.45        | \$1,260.59        |
| 4010                   |                    |       |         |              |         |                   |                 |                               |                   |                   |
| BLUE SHIELD ACCESS     | HMO                |       |         |              |         |                   |                 |                               |                   |                   |
| E20                    | SELF               | 1     | 1301.95 | \$102.26     | \$25.00 | \$1,429.21        | \$1,098.09      | \$331.12                      | \$203.86          | \$1,098.09        |
| D20                    | SELF + 1 DEPENDENT | 2     | 2603.9  | \$102.26     | \$25.00 | \$2,731.16        | \$1,260.59      | \$1,470.57                    | \$1,343.31        | \$1,260.59        |
| F20                    | SELF + DEPENDENTS  | 3     | 3385.07 | \$102.26     | \$25.00 | \$3,512.33        | \$1,260.59      | \$2,251.74                    | \$2,124.48        | \$1,260.59        |
| 4024                   |                    |       |         |              |         |                   |                 |                               |                   |                   |
| BLUE SHIELD TRIO       | HMO PLAN           |       |         |              |         |                   |                 |                               |                   |                   |
| E20                    | SELF               | 1     | 1166.58 | \$102.26     | \$25.00 | \$1,293.84        | \$1,051.25      | \$242.59                      | \$115.33          | \$1,051.25        |
| D20                    | SELF + 1 DEPENDENT | 2     | 2333.16 | \$102.26     | \$25.00 | \$2,460.42        | \$1,260.59      | \$1,199.83                    | \$1,072.57        | \$1,260.59        |
| F20                    | SELF + DEPENDENTS  | 3     | 3033.11 | \$102.26     | \$25.00 | \$3,160.37        | \$1,260.59      | \$1,899.78                    | \$1,772.52        | \$1,260.59        |
| 4082                   |                    |       |         |              |         |                   |                 |                               |                   |                   |
| PERS PLATINUM          | PPO 90/10          |       |         |              |         |                   |                 |                               |                   |                   |
| E20                    | SELF               | 1     | 1670.14 | \$102.26     | \$25.00 | \$1,797.40        | \$1,255.75      | \$541.65                      | \$414.39          | \$1,255.75        |
| D20                    | SELF + 1 DEPENDENT | 2     | 3340.28 | \$102.26     | \$25.00 | \$3,467.54        | \$1,260.59      | \$2,206.95                    | \$2,079.69        | \$1,260.59        |
| F20                    | SELF + DEPENDENTS  | 3     | 4342.36 | \$102.26     | \$25.00 | \$4,469.62        | \$1,260.59      | \$3,209.03                    | \$3,081.77        | \$1,260.59        |
| 4084                   |                    |       |         |              |         |                   |                 |                               |                   |                   |
| PERS GOLD PPO          | PPO 80/20          |       |         |              |         |                   |                 |                               |                   |                   |
| E20                    | SELF               | 1     | 1120.58 | \$102.26     | \$25.00 | \$1,247.84        | \$1,013.87      | \$233.97                      | \$106.71          | \$1,013.87        |
| D20                    | SELF + 1 DEPENDENT | 2     | 2241.16 | \$102.26     | \$25.00 | \$2,368.42        | \$1,260.59      | \$1,107.83                    | \$980.57          | \$1,260.59        |
| F20                    | SELF + DEPENDENTS  | 3     | 2913.51 | \$102.26     | \$25.00 | \$3,040.77        | \$1,260.59      | \$1,780.18                    | \$1,652.92        | \$1,260.59        |
| 4070                   |                    |       |         |              |         |                   |                 |                               |                   |                   |
| ANTHEM SELECT HMO      | HMO                |       |         |              |         |                   |                 |                               |                   |                   |
| E20                    | SELF               | 1     | 1336.29 | \$102.26     | \$25.00 | \$1,463.55        | \$1,146.84      | \$316.71                      | \$189.45          | \$1,146.84        |
| D20                    | SELF + 1 DEPENDENT | 2     | 2672.58 | \$102.26     | \$25.00 | \$2,799.84        | \$1,260.59      | \$1,539.25                    | \$1,411.99        | \$1,260.59        |
| F20                    | SELF + DEPENDENTS  | 3     | 3474.35 | \$102.26     | \$25.00 | \$3,601.61        | \$1,260.59      | \$2,341.02                    | \$2,213.76        | \$1,260.59        |
| 4080                   |                    |       |         |              |         |                   |                 |                               |                   |                   |
| ANTHEM HMO TRADITIONAL | HMO                |       |         |              |         |                   |                 |                               |                   |                   |
| E20                    | SELF               | 1     | 1612.08 | \$102.26     | \$25.00 | \$1,739.34        | \$1,211.84      | \$527.50                      | \$400.24          | \$1,211.84        |
| D20                    | SELF + 1 DEPENDENT | 2     | 3224.16 | \$102.26     | \$25.00 | \$3,351.42        | \$1,260.59      | \$2,090.83                    | \$1,963.57        | \$1,260.59        |
| F20                    | SELF + DEPENDENTS  | 3     | 4191.41 | \$102.26     | \$25.00 | \$4,318.67        | \$1,260.59      | \$3,058.08                    | \$2,930.82        | \$1,260.59        |
| 4090                   |                    |       |         |              |         |                   |                 |                               |                   |                   |
| UNITED HEALTHCARE HMO  | HMO                |       |         |              |         |                   |                 |                               |                   |                   |



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|-----------------------------|--------------------|-------|---------|----------|---------|-------------------|-----------------|-------------------------------|-------------------|-------------------|
| E20                         | SELF               | 1     | 1290.06 | \$102.26 | \$25.00 | \$1,417.32        | \$1,098.09      | \$319.23                      | \$191.97          | \$1,098.09        |
| D20                         | SELF + 1 DEPENDENT | 2     | 2580.12 | \$102.26 | \$25.00 | \$2,707.38        | \$1,260.59      | \$1,446.79                    | \$1,319.53        | \$1,260.59        |
| F20                         | SELF + DEPENDENTS  | 3     | 3354.16 | \$102.26 | \$25.00 | \$3,481.42        | \$1,260.59      | \$2,220.83                    | \$2,093.57        | \$1,260.59        |
| 4095                        |                    |       |         |          |         |                   |                 |                               |                   |                   |
| WESTERN ADVANTAGE<br>HEALTH | HMO                |       |         |          |         |                   |                 |                               |                   |                   |
| E20                         | SELF               | 1     | 969.58  | \$102.26 | \$25.00 | \$1,096.84        | \$891.18        | \$205.66                      | \$78.40           | \$891.18          |
| D20                         | SELF + 1 DEPENDENT | 2     | 1939.16 | \$102.26 | \$25.00 | \$2,066.42        | \$1,260.59      | \$805.83                      | \$678.57          | \$1,260.59        |
| F20                         | SELF + DEPENDENTS  | 3     | 2520.91 | \$102.26 | \$25.00 | \$2,648.17        | \$1,260.59      | \$1,387.58                    | \$1,260.32        | \$1,260.59        |

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](http://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