



REGION 1  
2026 MATRIX

0.75

0.9687

**LPPA 75% 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 |
|-------------------------------|--------------------|-------|-------------------|--------------|---------|-------------------|-----------------|-------------------------------|-------------------|-------------------|
|                               |                    |       |                   |              |         |                   |                 |                               |                   |                   |
| <b>KAISER</b>                 | <b>HMO</b>         |       |                   | eff 09/30/25 |         |                   |                 |                               |                   |                   |
| E70                           | SELF               | 1     | <b>\$1,168.86</b> | \$141.80     | \$25.00 | \$1,335.66        | \$1,001.74      | \$333.92                      | \$167.12          | \$1,001.74        |
| D70                           | SELF + 1 DEPENDENT | 2     | <b>\$2,337.72</b> | \$141.80     | \$25.00 | \$2,504.52        | \$1,462.81      | \$1,041.71                    | \$874.91          | \$1,462.81        |
| F70                           | SELF + DEPENDENTS  | 3     | <b>\$3,039.04</b> | \$141.80     | \$25.00 | \$3,205.84        | \$1,823.94      | \$1,381.90                    | \$1,215.10        | \$1,823.94        |
|                               |                    |       |                   |              |         |                   |                 |                               |                   |                   |
| <b>BLUE SHIELD ACCESS</b>     | <b>HMO</b>         |       |                   |              |         |                   |                 |                               |                   |                   |
| E70                           | SELF               | 1     | <b>\$1,301.95</b> | \$141.80     | \$25.00 | \$1,468.75        | \$1,001.74      | \$467.01                      | \$300.21          | \$1,001.74        |
| D70                           | SELF + 1 DEPENDENT | 2     | <b>\$2,603.90</b> | \$141.80     | \$25.00 | \$2,770.70        | \$1,275.31      | \$1,495.39                    | \$1,328.59        | \$1,275.31        |
| F70                           | SELF + DEPENDENTS  | 3     | <b>\$3,385.07</b> | \$141.80     | \$25.00 | \$3,551.87        | \$1,650.31      | \$1,901.56                    | \$1,734.76        | \$1,650.31        |
|                               |                    |       |                   |              |         |                   |                 |                               |                   |                   |
| <b>BLUE SHIELD TRIO</b>       | <b>HMO PLAN</b>    |       |                   |              |         |                   |                 |                               |                   |                   |
| E70                           | SELF               | 1     | <b>\$1,166.58</b> | \$141.80     | \$25.00 | \$1,333.38        | \$1,000.03      | \$333.35                      | \$166.55          | \$1,000.03        |
| D70                           | SELF + 1 DEPENDENT | 2     | <b>\$2,333.16</b> | \$141.80     | \$25.00 | \$2,499.96        | \$1,275.31      | \$1,224.65                    | \$1,057.85        | \$1,275.31        |
| F70                           | SELF + DEPENDENTS  | 3     | <b>\$3,033.11</b> | \$141.80     | \$25.00 | \$3,199.91        | \$1,650.31      | \$1,549.60                    | \$1,382.80        | \$1,650.31        |
|                               |                    |       |                   |              |         |                   |                 |                               |                   |                   |
| <b>PERS PLATINUM</b>          | <b>PPO 90/10</b>   |       |                   |              |         |                   |                 |                               |                   |                   |
| E70                           | SELF               | 1     | <b>\$1,670.14</b> | \$141.80     | \$25.00 | \$1,836.94        | \$1,087.81      | \$749.13                      | \$582.33          | \$1,087.81        |
| D70                           | SELF + 1 DEPENDENT | 2     | <b>\$3,340.28</b> | \$141.80     | \$25.00 | \$3,507.08        | \$1,275.31      | \$2,231.77                    | \$2,064.97        | \$1,275.31        |
| F70                           | SELF + DEPENDENTS  | 3     | <b>\$4,342.36</b> | \$141.80     | \$25.00 | \$4,509.16        | \$1,650.31      | \$2,858.85                    | \$2,692.05        | \$1,650.31        |
|                               |                    |       |                   |              |         |                   |                 |                               |                   |                   |
| <b>PERS GOLD PPO</b>          | <b>PPO 80/20</b>   |       |                   |              |         |                   |                 |                               |                   |                   |
| E70                           | SELF               | 1     | <b>\$1,120.58</b> | \$141.80     | \$25.00 | \$1,287.38        | \$965.53        | \$321.85                      | \$155.05          | \$965.53          |
| D70                           | SELF + 1 DEPENDENT | 2     | <b>\$2,241.16</b> | \$141.80     | \$25.00 | \$2,407.96        | \$1,450.71      | \$957.25                      | \$790.45          | \$1,450.71        |
| F70                           | SELF + DEPENDENTS  | 3     | <b>\$2,913.51</b> | \$141.80     | \$25.00 | \$3,080.31        | \$1,854.12      | \$1,226.19                    | \$1,059.39        | \$1,854.12        |
|                               |                    |       |                   |              |         |                   |                 |                               |                   |                   |
| <b>ANTHEM SELECT HMO</b>      | <b>HMO</b>         |       |                   |              |         |                   |                 |                               |                   |                   |
| E70                           | SELF               | 1     | <b>\$1,336.29</b> | \$141.80     | \$25.00 | \$1,503.09        | \$1,127.32      | \$375.77                      | \$208.97          | \$1,127.32        |
| D70                           | SELF + 1 DEPENDENT | 2     | <b>\$2,672.58</b> | \$141.80     | \$25.00 | \$2,839.38        | \$1,275.31      | \$1,564.07                    | \$1,397.27        | \$1,275.31        |
| F70                           | SELF + DEPENDENTS  | 3     | <b>\$3,474.35</b> | \$141.80     | \$25.00 | \$3,641.15        | \$1,650.31      | \$1,990.84                    | \$1,824.04        | \$1,650.31        |
|                               |                    |       |                   |              |         |                   |                 |                               |                   |                   |
| <b>ANTHEM HMO TRADITIONAL</b> | <b>HMO</b>         |       |                   |              |         |                   |                 |                               |                   |                   |
| E70                           | SELF               | 1     | <b>\$1,612.08</b> | \$141.80     | \$25.00 | \$1,778.88        | \$1,001.74      | \$777.14                      | \$610.34          | \$1,001.74        |
| D70                           | SELF + 1 DEPENDENT | 2     | <b>\$3,224.16</b> | \$141.80     | \$25.00 | \$3,390.96        | \$1,275.31      | \$2,115.65                    | \$1,948.85        | \$1,275.31        |
| F70                           | SELF + DEPENDENTS  | 3     | <b>\$4,191.41</b> | \$141.80     | \$25.00 | \$4,358.21        | \$1,650.31      | \$2,707.90                    | \$2,541.10        | \$1,650.31        |



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|--------------------------|--------------------|-------|------------|----------|---------|-------------------|-----------------|-------------------------------|-------------------|-------------------|
| UNITED HEALTHCARE HMO    |                    |       |            |          |         |                   |                 |                               |                   |                   |
| E70                      | SELF               | 1     | \$1,290.06 | \$141.80 | \$25.00 | \$1,456.86        | \$1,001.74      | \$455.12                      | \$288.32          | \$1,001.74        |
| D70                      | SELF + 1 DEPENDENT | 2     | \$2,580.12 | \$141.80 | \$25.00 | \$2,746.92        | \$1,275.31      | \$1,471.61                    | \$1,304.81        | \$1,275.31        |
| F70                      | SELF + DEPENDENTS  | 3     | \$3,354.16 | \$141.80 | \$25.00 | \$3,520.96        | \$1,650.31      | \$1,870.65                    | \$1,703.85        | \$1,650.31        |
| WESTERN ADVANTAGE HEALTH |                    |       |            |          |         |                   |                 |                               |                   |                   |
| E70                      | SELF               | 1     | \$969.58   | \$141.80 | \$25.00 | \$1,136.38        | \$852.28        | \$284.10                      | \$117.30          | \$852.28          |
| D70                      | SELF + 1 DEPENDENT | 2     | \$1,939.16 | \$141.80 | \$25.00 | \$2,105.96        | \$1,275.31      | \$830.65                      | \$663.85          | \$1,275.31        |
| F70                      | SELF + DEPENDENTS  | 3     | \$2,520.91 | \$141.80 | \$25.00 | \$2,687.71        | \$1,462.81      | \$1,224.90                    | \$1,058.10        | \$1,462.81        |

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