



REGION 1
2026 MATRIX

0.8

LPPA 80% 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 TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE Health Cost	ER Health Cost
KAISER	HMO			eff 09/30/25						
E70	SELF	1	\$1,168.86	\$141.80	\$25.00	\$1,335.66	\$1,068.53	\$267.13	\$100.33	\$1,068.53
D70	SELF + 1 DEPENDENT	2	\$2,337.72	\$141.80	\$25.00	\$2,504.52	\$1,560.33	\$944.19	\$777.39	\$1,560.33
F70	SELF + DEPENDENTS	3	\$3,039.04	\$141.80	\$25.00	\$3,205.84	\$1,945.53	\$1,260.31	\$1,093.51	\$1,945.53
BLUE SHIELD ACCESS	HMO									
E70	SELF	1	\$1,301.95	\$141.80	\$25.00	\$1,468.75	\$1,068.53	\$400.22	\$233.42	\$1,068.53
D70	SELF + 1 DEPENDENT	2	\$2,603.90	\$141.80	\$25.00	\$2,770.70	\$1,360.33	\$1,410.37	\$1,243.57	\$1,360.33
F70	SELF + DEPENDENTS	3	\$3,385.07	\$141.80	\$25.00	\$3,551.87	\$1,760.33	\$1,791.54	\$1,624.74	\$1,760.33
BLUE SHIELD TRIO	HMO PLAN									
E70	SELF	1	\$1,166.58	\$141.80	\$25.00	\$1,333.38	\$1,066.70	\$266.68	\$99.88	\$1,066.70
D70	SELF + 1 DEPENDENT	2	\$2,333.16	\$141.80	\$25.00	\$2,499.96	\$1,360.33	\$1,139.63	\$972.83	\$1,360.33
F70	SELF + DEPENDENTS	3	\$3,033.11	\$141.80	\$25.00	\$3,199.91	\$1,760.33	\$1,439.58	\$1,272.78	\$1,760.33
PERS PLATINUM	PPO 90/10									
E70	SELF	1	\$1,670.14	\$141.80	\$25.00	\$1,836.94	\$1,160.33	\$676.61	\$509.81	\$1,160.33
D70	SELF + 1 DEPENDENT	2	\$3,340.28	\$141.80	\$25.00	\$3,507.08	\$1,360.33	\$2,146.75	\$1,979.95	\$1,360.33
F70	SELF + DEPENDENTS	3	\$4,342.36	\$141.80	\$25.00	\$4,509.16	\$1,760.33	\$2,748.83	\$2,582.03	\$1,760.33
PERS GOLD PPO	PPO 80/20									
E70	SELF	1	\$1,120.58	\$141.80	\$25.00	\$1,287.38	\$1,029.90	\$257.48	\$90.68	\$1,029.90
D70	SELF + 1 DEPENDENT	2	\$2,241.16	\$141.80	\$25.00	\$2,407.96	\$1,547.42	\$860.54	\$693.74	\$1,547.42
F70	SELF + DEPENDENTS	3	\$2,913.51	\$141.80	\$25.00	\$3,080.31	\$1,977.73	\$1,102.58	\$935.78	\$1,977.73
ANTHEM SELECT HMO	HMO									
E70	SELF	1	\$1,336.29	\$141.80	\$25.00	\$1,503.09	\$1,202.47	\$300.62	\$133.82	\$1,202.47
D70	SELF + 1 DEPENDENT	2	\$2,672.58	\$141.80	\$25.00	\$2,839.38	\$1,360.33	\$1,479.05	\$1,312.25	\$1,360.33
F70	SELF + DEPENDENTS	3	\$3,474.35	\$141.80	\$25.00	\$3,641.15	\$1,760.33	\$1,880.82	\$1,714.02	\$1,760.33
ANTHEM HMO TRADITIONAL	HMO									
E70	SELF	1	\$1,612.08	\$141.80	\$25.00	\$1,778.88	\$1,068.53	\$710.35	\$543.55	\$1,068.53
D70	SELF + 1 DEPENDENT	2	\$3,224.16	\$141.80	\$25.00	\$3,390.96	\$1,360.33	\$2,030.63	\$1,863.83	\$1,360.33
F70	SELF + DEPENDENTS	3	\$4,191.41	\$141.80	\$25.00	\$4,358.21	\$1,760.33	\$2,597.88	\$2,431.08	\$1,760.33



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UNITED HEALTHCARE HMO										
E70	SELF	1	\$1,290.06	\$141.80	\$25.00	\$1,456.86	\$1,068.53	\$388.33	\$221.53	\$1,068.53
D70	SELF + 1 DEPENDENT	2	\$2,580.12	\$141.80	\$25.00	\$2,746.92	\$1,360.33	\$1,386.59	\$1,219.79	\$1,360.33
F70	SELF + DEPENDENTS	3	\$3,354.16	\$141.80	\$25.00	\$3,520.96	\$1,760.33	\$1,760.63	\$1,593.83	\$1,760.33
WESTERN ADVANTAGE HEALTH										
E70	SELF	1	\$969.58	\$141.80	\$25.00	\$1,136.38	\$909.10	\$227.28	\$60.48	\$909.10
D70	SELF + 1 DEPENDENT	2	\$1,939.16	\$141.80	\$25.00	\$2,105.96	\$1,360.33	\$745.63	\$578.83	\$1,360.33
F70	SELF + DEPENDENTS	3	\$2,520.91	\$141.80	\$25.00	\$2,687.71	\$1,560.33	\$1,127.38	\$960.58	\$1,560.33

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