LODI UNIFIED SCHOOL DISTRICT

REGION 1

2026 MATRIX

0.85

LPPA 85% 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
KAISER	HMO			eff 09/30/25						
E70	SELF	1	$1,168.86	$141.80	$25.00	$1,335.66	$1,135.31	$200.35	$33.55	$1,135.31
D70	SELF + 1 DEPENDENT	2	$2,337.72	$141.80	$25.00	$2,504.52	$1,657.85	$846.67	$679.87	$1,657.85
F70	SELF + DEPENDENTS	3	$3,039.04	$141.80	$25.00	$3,205.84	$2,067.13	$1,138.71	$971.91	$2,067.13
BLUE SHIELD ACCESS	HMO									
E70	SELF	1	$1,301.95	$141.80	$25.00	$1,468.75	$1,135.31	$333.44	$166.64	$1,135.31
D70	SELF + 1 DEPENDENT	2	$2,603.90	$141.80	$25.00	$2,770.70	$1,445.35	$1,325.35	$1,158.55	$1,445.35
F70	SELF + DEPENDENTS	3	$3,385.07	$141.80	$25.00	$3,551.87	$1,870.35	$1,681.52	$1,514.72	$1,870.35
BLUE SHIELD TRIO	HMO PLAN									
E70	SELF	1	$1,166.58	$141.80	$25.00	$1,333.38	$1,133.37	$200.01	$33.21	$1,133.37
D70	SELF + 1 DEPENDENT	2	$2,333.16	$141.80	$25.00	$2,499.96	$1,445.35	$1,054.61	$887.81	$1,445.35
F70	SELF + DEPENDENTS	3	$3,033.11	$141.80	$25.00	$3,199.91	$1,870.35	$1,329.56	$1,162.76	$1,870.35
PERS PLATINUM	PPO 90/10									
E70	SELF	1	$1,670.14	$141.80	$25.00	$1,836.94	$1,232.85	$604.09	$437.29	$1,232.85
D70	SELF + 1 DEPENDENT	2	$3,340.28	$141.80	$25.00	$3,507.08	$1,445.35	$2,061.73	$1,894.93	$1,445.35
F70	SELF + DEPENDENTS	3	$4,342.36	$141.80	$25.00	$4,509.16	$1,870.35	$2,638.81	$2,472.01	$1,870.35
PERS GOLD PPO	PPO 80/20									
E70	SELF	1	$1,120.58	$141.80	$25.00	$1,287.38	$1,094.27	$193.11	$0.00	$1,120.58
D70	SELF + 1 DEPENDENT	2	$2,241.16	$141.80	$25.00	$2,407.96	$1,644.14	$763.82	$597.02	$1,644.14
F70	SELF + DEPENDENTS	3	$2,913.51	$141.80	$25.00	$3,080.31	$2,101.33	$978.98	$812.18	$2,101.33
ANTHEM SELECT HMO	HMO									
E70	SELF	1	$1,336.29	$141.80	$25.00	$1,503.09	$1,277.62	$225.47	$0.00	$1,336.29
D70	SELF + 1 DEPENDENT	2	$2,672.58	$141.80	$25.00	$2,839.38	$1,445.35	$1,394.03	$1,227.23	$1,445.35
F70	SELF + DEPENDENTS	3	$3,474.35	$141.80	$25.00	$3,641.15	$1,870.35	$1,770.80	$1,604.00	$1,870.35
ANTHEM HMO TRADITIONAL	HMO									
E70	SELF	1	$1,612.08	$141.80	$25.00	$1,778.88	$1,135.31	$643.57	$476.77	$1,135.31
D70	SELF + 1 DEPENDENT	2	$3,224.16	$141.80	$25.00	$3,390.96	$1,445.35	$1,945.61	$1,778.81	$1,445.35
F70	SELF + DEPENDENTS	3	$4,191.41	$141.80	$25.00	$4,358.21	$1,870.35	$2,487.86	$2,321.06	$1,870.35

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PAYROLL USE ONLY

MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE Health Cost	ER Health Cost
UNITED HEALTHCARE HMO	**HMO**									
E70	**SELF**	1	**$1,290.06**	$141.80	$25.00	$1,456.86	$1,135.31	$321.55	$0.00	$1,290.06
D70	**SELF + 1 DEPENDENT**	2	**$2,580.12**	$141.80	$25.00	$2,746.92	$1,445.35	$1,301.57	$1,134.77	$1,445.35
F70	**SELF + DEPENDENTS**	3	**$3,354.16**	$141.80	$25.00	$3,520.96	$1,870.35	$1,650.61	$1,483.81	$1,870.35
WESTERN ADVANTAGE HEALTH	**HMO**									
E70	**SELF**	1	**$969.58**	$141.80	$25.00	$1,136.38	$965.92	$170.46	$0.00	$969.58
D70	**SELF + 1 DEPENDENT**	2	**$1,939.16**	$141.80	$25.00	$2,105.96	$1,445.35	$660.61	$493.81	$1,445.35
F70	**SELF + DEPENDENTS**	3	**$2,520.91**	$141.80	$25.00	$2,687.71	$1,657.85	$1,029.86	$863.06	$1,657.85

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