



REGION 1  
2026 MATRIX

0.5625

**Mental Health Therapists 4.5 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 09/30/2025 |                   |                 |                               |                   |                   |
| E90                    | SELF               | 1     | \$1,168.86 | \$102.26 | \$25.00        | \$1,296.12        | \$583.26        | \$712.86                      | \$585.60          | \$583.26          |
| D90                    | SELF + 1 DEPENDENT | 2     | \$2,337.72 | \$102.26 | \$25.00        | \$2,464.98        | \$1,109.24      | \$1,355.74                    | \$1,228.48        | \$1,109.24        |
| F90                    | SELF + DEPENDENTS  | 3     | \$3,039.04 | \$102.26 | \$25.00        | \$3,166.30        | \$1,424.84      | \$1,741.47                    | \$1,614.21        | \$1,424.84        |
| 4010                   |                    |       |            |          |                |                   |                 |                               |                   |                   |
| BLUE SHIELD ACCESS     | HMO                |       |            |          |                |                   |                 |                               |                   |                   |
| E90                    | SELF               | 1     | \$1,301.95 | \$102.26 | \$25.00        | \$1,429.21        | \$643.15        | \$786.06                      | \$658.80          | \$643.15          |
| D90                    | SELF + 1 DEPENDENT | 2     | \$2,603.90 | \$102.26 | \$25.00        | \$2,731.16        | \$1,229.02      | \$1,502.14                    | \$1,374.88        | \$1,229.02        |
| F90                    | SELF + DEPENDENTS  | 3     | \$3,385.07 | \$102.26 | \$25.00        | \$3,512.33        | \$1,580.55      | \$1,931.78                    | \$1,804.52        | \$1,580.55        |
| 4024                   |                    |       |            |          |                |                   |                 |                               |                   |                   |
| BLUE SHIELD TRIO       | HMO PLAN           |       |            |          |                |                   |                 |                               |                   |                   |
| E90                    | SELF               | 1     | \$1,166.58 | \$102.26 | \$25.00        | \$1,293.84        | \$582.23        | \$711.61                      | \$584.35          | \$582.23          |
| D90                    | SELF + 1 DEPENDENT | 2     | \$2,333.16 | \$102.26 | \$25.00        | \$2,460.42        | \$1,107.19      | \$1,353.23                    | \$1,225.97        | \$1,107.19        |
| F90                    | SELF + DEPENDENTS  | 3     | \$3,033.11 | \$102.26 | \$25.00        | \$3,160.37        | \$1,422.17      | \$1,738.20                    | \$1,610.94        | \$1,422.17        |
| 4082                   |                    |       |            |          |                |                   |                 |                               |                   |                   |
| PERS PLATINUM          | PPO 90/10          |       |            |          |                |                   |                 |                               |                   |                   |
| E90                    | SELF               | 1     | \$1,670.14 | \$102.26 | \$25.00        | \$1,797.40        | \$808.83        | \$988.57                      | \$861.31          | \$808.83          |
| D90                    | SELF + 1 DEPENDENT | 2     | \$3,340.28 | \$102.26 | \$25.00        | \$3,467.54        | \$1,560.39      | \$1,907.15                    | \$1,779.89        | \$1,560.39        |
| F90                    | SELF + DEPENDENTS  | 3     | \$4,342.36 | \$102.26 | \$25.00        | \$4,469.62        | \$2,011.33      | \$2,458.29                    | \$2,331.03        | \$2,011.33        |
| 4084                   |                    |       |            |          |                |                   |                 |                               |                   |                   |
| PERS GOLD PPO          | PPO 80/20          |       |            |          |                |                   |                 |                               |                   |                   |
| E90                    | SELF               | 1     | \$1,120.58 | \$102.26 | \$25.00        | \$1,247.84        | \$561.53        | \$686.31                      | \$559.05          | \$561.53          |
| D90                    | SELF + 1 DEPENDENT | 2     | \$2,241.16 | \$102.26 | \$25.00        | \$2,368.42        | \$1,065.79      | \$1,302.63                    | \$1,175.37        | \$1,065.79        |
| F90                    | SELF + DEPENDENTS  | 3     | \$2,913.51 | \$102.26 | \$25.00        | \$3,040.77        | \$1,368.35      | \$1,672.42                    | \$1,545.16        | \$1,368.35        |
| 4070                   |                    |       |            |          |                |                   |                 |                               |                   |                   |
| ANTHEM SELECT HMO      | HMO                |       |            |          |                |                   |                 |                               |                   |                   |
| E90                    | SELF               | 1     | \$1,336.29 | \$102.26 | \$25.00        | \$1,463.55        | \$658.60        | \$804.95                      | \$677.69          | \$658.60          |
| D90                    | SELF + 1 DEPENDENT | 2     | \$2,672.58 | \$102.26 | \$25.00        | \$2,799.84        | \$1,259.93      | \$1,539.91                    | \$1,412.65        | \$1,259.93        |
| F90                    | SELF + DEPENDENTS  | 3     | \$3,474.35 | \$102.26 | \$25.00        | \$3,601.61        | \$1,620.73      | \$1,980.88                    | \$1,853.62        | \$1,620.73        |
| 4080                   |                    |       |            |          |                |                   |                 |                               |                   |                   |
| ANTHEM HMO TRADITIONAL | HMO                |       |            |          |                |                   |                 |                               |                   |                   |
| E90                    | SELF               | 1     | \$1,612.08 | \$102.26 | \$25.00        | \$1,739.34        | \$782.70        | \$956.64                      | \$829.38          | \$782.70          |
| D90                    | SELF + 1 DEPENDENT | 2     | \$3,224.16 | \$102.26 | \$25.00        | \$3,351.42        | \$1,508.14      | \$1,843.28                    | \$1,716.02        | \$1,508.14        |
| F90                    | SELF + DEPENDENTS  | 3     | \$4,191.41 | \$102.26 | \$25.00        | \$4,318.67        | \$1,943.40      | \$2,375.27                    | \$2,248.01        | \$1,943.40        |



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|--------------------------|--------------------|-------|------------|----------|---------|-------------------|-----------------|-------------------------------|-------------------|-------------------|
| 4090                     |                    |       |            |          |         |                   |                 |                               |                   |                   |
| UNITED HEALTHCARE HMO    |                    |       |            |          |         |                   |                 |                               |                   |                   |
| E90                      | SELF               | 1     | \$1,290.06 | \$102.26 | \$25.00 | \$1,417.32        | \$637.80        | \$779.52                      | \$652.26          | \$637.80          |
| D90                      | SELF + 1 DEPENDENT | 2     | \$2,580.12 | \$102.26 | \$25.00 | \$2,707.38        | \$1,218.32      | \$1,489.06                    | \$1,361.80        | \$1,218.32        |
| F90                      | SELF + DEPENDENTS  | 3     | \$3,354.16 | \$102.26 | \$25.00 | \$3,481.42        | \$1,566.64      | \$1,914.78                    | \$1,787.52        | \$1,566.64        |
| 4095                     |                    |       |            |          |         |                   |                 |                               |                   |                   |
| WESTERN ADVANTAGE HEALTH |                    |       |            |          |         |                   |                 |                               |                   |                   |
| E90                      | SELF               | 1     | \$969.58   | \$102.26 | \$25.00 | \$1,096.84        | \$493.58        | \$603.26                      | \$476.00          | \$493.58          |
| D90                      | SELF + 1 DEPENDENT | 2     | \$1,939.16 | \$102.26 | \$25.00 | \$2,066.42        | \$929.89        | \$1,136.53                    | \$1,009.27        | \$929.89          |
| F90                      | SELF + DEPENDENTS  | 3     | \$2,520.91 | \$102.26 | \$25.00 | \$2,648.17        | \$1,191.68      | \$1,456.49                    | \$1,329.23        | \$1,191.68        |

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