



REGION 1 2026 MATRIX

Joe Serna CSEA 6 HOUR 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	Employee Health Cost - No Dental and Vision
KAISER HMO									
E20	SELF	1	\$1,168.86	\$102.26	\$25.00	\$1,296.12	\$505.00	\$791.12	\$663.86
D20	SELF + 1 DEPENDENT	2	\$2,337.72	\$102.26	\$25.00	\$2,464.98	\$505.00	\$1,959.98	\$1,832.72
F20	SELF + DEPENDENTS	3	\$3,039.04	\$102.26	\$25.00	\$3,166.30	\$505.00	\$2,661.30	\$2,534.04
BLUE SHIELD ACCESS HMO									
E20	SELF	1	\$1,301.95	\$102.26	\$25.00	\$1,429.21	\$505.00	\$924.21	\$796.95
D20	SELF + 1 DEPENDENT	2	\$2,603.90	\$102.26	\$25.00	\$2,731.16	\$505.00	\$2,226.16	\$2,098.90
F20	SELF + DEPENDENTS	3	\$3,385.07	\$102.26	\$25.00	\$3,512.33	\$505.00	\$3,007.33	\$2,880.07
BLUE SHIELD TRIO HMO PLAN									
E20	SELF	1	\$1,166.58	\$102.26	\$25.00	\$1,293.84	\$505.00	\$788.84	\$661.58
D20	SELF + 1 DEPENDENT	2	\$2,333.16	\$102.26	\$25.00	\$2,460.42	\$505.00	\$1,955.42	\$1,828.16
F20	SELF + DEPENDENTS	3	\$3,033.11	\$102.26	\$25.00	\$3,160.37	\$505.00	\$2,655.37	\$2,528.11
PERS PLATINUM PPO 90/10									
E20	SELF	1	\$1,670.14	\$102.26	\$25.00	\$1,797.40	\$505.00	\$1,292.40	\$1,165.14
D20	SELF + 1 DEPENDENT	2	\$3,340.28	\$102.26	\$25.00	\$3,467.54	\$505.00	\$2,962.54	\$2,835.28
F20	SELF + DEPENDENTS	3	\$4,342.36	\$102.26	\$25.00	\$4,469.62	\$505.00	\$3,964.62	\$3,837.36
PERS GOLD PPO PPO 80/20									
E20	SELF	1	\$1,120.58	\$102.26	\$25.00	\$1,247.84	\$505.00	\$742.84	\$615.58
D20	SELF + 1 DEPENDENT	2	\$2,241.16	\$102.26	\$25.00	\$2,368.42	\$505.00	\$1,863.42	\$1,736.16
F20	SELF + DEPENDENTS	3	\$2,913.51	\$102.26	\$25.00	\$3,040.77	\$505.00	\$2,535.77	\$2,408.51
ANTHEM SELECT HMO HMO									
E20	SELF	1	\$1,336.29	\$102.26	\$25.00	\$1,463.55	\$505.00	\$958.55	\$831.29
D20	SELF + 1 DEPENDENT	2	\$2,672.58	\$102.26	\$25.00	\$2,799.84	\$505.00	\$2,294.84	\$2,167.58
F20	SELF + DEPENDENTS	3	\$3,474.35	\$102.26	\$25.00	\$3,601.61	\$505.00	\$3,096.61	\$2,969.35
ANTHEM HMO TRADITIONAL HMO									
E20	SELF	1	\$1,612.08	\$102.26	\$25.00	\$1,739.34	\$505.00	\$1,234.34	\$1,107.08
D20	SELF + 1 DEPENDENT	2	\$3,224.16	\$102.26	\$25.00	\$3,351.42	\$505.00	\$2,846.42	\$2,719.16
F20	SELF + DEPENDENTS	3	\$4,191.41	\$102.26	\$25.00	\$4,318.67	\$505.00	\$3,813.67	\$3,686.41



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UNITED HEALTHCARE HMO									
E20	SELF	1	\$1,290.06	\$102.26	\$25.00	\$1,417.32	\$505.00	\$912.32	\$785.06
D20	SELF + 1 DEPENDENT	2	\$2,580.12	\$102.26	\$25.00	\$2,707.38	\$505.00	\$2,202.38	\$2,075.12
F20	SELF + DEPENDENTS	3	\$3,354.16	\$102.26	\$25.00	\$3,481.42	\$505.00	\$2,976.42	\$2,849.16
WESTERN ADVANTAGE HEALTH									
E20	SELF	1	\$969.58	\$102.26	\$25.00	\$1,096.84	\$505.00	\$591.84	\$464.58
D20	SELF + 1 DEPENDENT	2	\$1,939.16	\$102.26	\$25.00	\$2,066.42	\$505.00	\$1,561.42	\$1,434.16
F20	SELF + DEPENDENTS	3	\$2,520.91	\$102.26	\$25.00	\$2,648.17	\$505.00	\$2,143.17	\$2,015.91

rates are subject to change throughout the year

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