LODI UNIFIED SCHOOL DISTRICT

REGION 1

2026 MATRIX

0.6

LEA 60% EMPLOYEES WITH 2026 CAPS

Rates effective with paychecks 12/31/25 to 11/30/26; Insurance Effective on 1/1/26

*****Make sure health plan is available in your area**

MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL *MANDATORY	VISION *MANDATORY	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						
E60	SELF	1	**$1,168.86**	$138.60	$20.00	$1,327.46	$637.18	$690.28	$531.68	$637.18
D60	SELF + 1 DEPENDENT	2	**$2,337.72**	$138.60	$20.00	$2,496.32	$1,198.24	$1,298.08	$1,139.48	$1,198.24
F60	SELF + DEPENDENTS	3	**$3,039.04**	$138.60	$20.00	$3,197.64	$1,534.87	$1,662.77	$1,504.17	$1,534.87
BLUE SHIELD ACCESS	**HMO**									
E60	SELF	1	**$1,301.95**	$138.60	$20.00	$1,460.55	$701.06	$759.49	$600.89	$701.06
D60	SELF + 1 DEPENDENT	2	**$2,603.90**	$138.60	$20.00	$2,762.50	$1,326.00	$1,436.50	$1,277.90	$1,326.00
F60	SELF + DEPENDENTS	3	**$3,385.07**	$138.60	$20.00	$3,543.67	$1,700.96	$1,842.71	$1,684.11	$1,700.96
BLUE SHIELD TRIO	**HMO PLAN**									
E60	SELF	1	**$1,166.58**	$138.60	$20.00	$1,325.18	$636.08	$689.10	$530.50	$636.08
D60	SELF + 1 DEPENDENT	2	**$2,333.16**	$138.60	$20.00	$2,491.76	$1,196.05	$1,295.71	$1,137.11	$1,196.05
F60	SELF + DEPENDENTS	3	**$3,033.11**	$138.60	$20.00	$3,191.71	$1,532.02	$1,659.69	$1,501.09	$1,532.02
PERS PLATINUM	**PPO 90/10**									
E60	SELF	1	**$1,670.14**	$138.60	$20.00	$1,828.74	$877.79	$950.95	$792.35	$877.79
D60	SELF + 1 DEPENDENT	2	**$3,340.28**	$138.60	$20.00	$3,498.88	$1,679.46	$1,819.42	$1,660.82	$1,679.46
F60	SELF + DEPENDENTS	3	**$4,342.36**	$138.60	$20.00	$4,500.96	$2,160.46	$2,340.50	$2,181.90	$2,160.46
PERS GOLD PPO	**PPO 80/20**									
E60	SELF	1	**$1,120.58**	$138.60	$20.00	$1,279.18	$614.00	$665.18	$506.58	$614.00
D60	SELF + 1 DEPENDENT	2	**$2,241.16**	$138.60	$20.00	$2,399.76	$1,151.89	$1,247.87	$1,089.27	$1,151.89
F60	SELF + DEPENDENTS	3	**$2,913.51**	$138.60	$20.00	$3,072.11	$1,474.61	$1,597.50	$1,438.90	$1,474.61
ANTHEM SELECT HMO	**HMO**									
E60	SELF	1	**$1,336.29**	$138.60	$20.00	$1,494.89	$717.55	$777.34	$618.74	$717.55
D60	SELF + 1 DEPENDENT	2	**$2,672.58**	$138.60	$20.00	$2,831.18	$1,358.96	$1,472.22	$1,313.62	$1,358.96
F60	SELF + DEPENDENTS	3	**$3,474.35**	$138.60	$20.00	$3,632.95	$1,743.82	$1,889.13	$1,730.53	$1,743.82
ANTHEM HMO TRADITIONAL	**HMO**									
E60	SELF	1	**$1,612.08**	$138.60	$20.00	$1,770.68	$849.92	$920.76	$762.16	$849.92
D60	SELF + 1 DEPENDENT	2	**$3,224.16**	$138.60	$20.00	$3,382.76	$1,623.73	$1,759.03	$1,600.43	$1,623.73
F60	SELF + DEPENDENTS	3	**$4,191.41**	$138.60	$20.00	$4,350.01	$2,088.01	$2,262.00	$2,103.40	$2,088.01

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MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL *MANDATORY	VISION *MANDATORY	BENEFITS TOTAL	**DISTRICT CAP	EMPLOYEE COST PER MONTH	PAYROLL USE ONLY: EE Health Cost	PAYROLL USE ONLY: ER Health Cost
UNITED HEALTHCARE HMO	**HMO**									
E60	**SELF**	1	**$1,290.06**	$138.60	$20.00	$1,448.66	$695.36	$753.30	$594.70	$695.36
D60	**SELF + 1 DEPENDENT**	2	**$2,580.12**	$138.60	$20.00	$2,738.72	$1,314.59	$1,424.13	$1,265.53	$1,314.59
F60	**SELF + DEPENDENTS**	3	**$3,354.16**	$138.60	$20.00	$3,512.76	$1,686.13	$1,826.63	$1,668.03	$1,686.13
WESTERN ADVANTAGE HEALTH	**HMO**									
E60	**SELF**	1	**$969.58**	$138.60	$20.00	$1,128.18	$541.52	$586.66	$428.06	$541.52
D60	**SELF + 1 DEPENDENT**	2	**$1,939.16**	$138.60	$20.00	$2,097.76	$1,006.93	$1,090.83	$932.23	$1,006.93
F60	**SELF + DEPENDENTS**	3	**$2,520.91**	$138.60	$20.00	$2,679.51	$1,286.17	$1,393.34	$1,234.74	$1,286.17

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.
**Unless otherwise negotiated, the District's contribution toward health and welfare premiums shall revert to the status quo as set forth in Article IV of the CBA on January 1, 2027. The 2027 plan year rates will be available in alignment with open enrollment in the fall of 2026

***for health plan Search by ZIP Code go to" calpers.ca.gov/page/active-members/health-benefits/plans-and-rates/zip-search
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