



REGION 1  
2026 MATRIX

0.65

**LEA 65% 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       | VISION  | BENEFITS<br>TOTAL | **DISTRICT<br>CAP | EMPLOYEE<br>COST PER<br>MONTH | EE Health  | ER         |
|------------------------|--------------------|-------|------------|--------------|---------|-------------------|-------------------|-------------------------------|------------|------------|
|                        |                    |       |            |              |         |                   |                   |                               | Cost       | Cost       |
|                        |                    |       |            |              |         |                   |                   |                               |            |            |
|                        |                    |       |            |              |         |                   |                   |                               |            |            |
| KAISER                 | HMO                |       |            | Eff 09/30/25 |         |                   |                   |                               |            |            |
| E60                    | SELF               | 1     | \$1,168.86 | \$138.60     | \$20.00 | \$1,327.46        | \$690.28          | \$637.18                      | \$478.58   | \$690.28   |
| D60                    | SELF + 1 DEPENDENT | 2     | \$2,337.72 | \$138.60     | \$20.00 | \$2,496.32        | \$1,298.09        | \$1,198.23                    | \$1,039.63 | \$1,298.09 |
| F60                    | SELF + DEPENDENTS  | 3     | \$3,039.04 | \$138.60     | \$20.00 | \$3,197.64        | \$1,662.77        | \$1,534.87                    | \$1,376.27 | \$1,662.77 |
|                        |                    |       |            |              |         |                   |                   |                               |            |            |
| BLUE SHIELD ACCESS     | HMO                |       |            |              |         |                   |                   |                               |            |            |
| E60                    | SELF               | 1     | \$1,301.95 | \$138.60     | \$20.00 | \$1,460.55        | \$759.49          | \$701.06                      | \$542.46   | \$759.49   |
| D60                    | SELF + 1 DEPENDENT | 2     | \$2,603.90 | \$138.60     | \$20.00 | \$2,762.50        | \$1,436.50        | \$1,326.00                    | \$1,167.40 | \$1,436.50 |
| F60                    | SELF + DEPENDENTS  | 3     | \$3,385.07 | \$138.60     | \$20.00 | \$3,543.67        | \$1,842.71        | \$1,700.96                    | \$1,542.36 | \$1,842.71 |
|                        |                    |       |            |              |         |                   |                   |                               |            |            |
| BLUE SHIELD TRIO       | HMO PLAN           |       |            |              |         |                   |                   |                               |            |            |
| E60                    | SELF               | 1     | \$1,166.58 | \$138.60     | \$20.00 | \$1,325.18        | \$689.09          | \$636.09                      | \$477.49   | \$689.09   |
| D60                    | SELF + 1 DEPENDENT | 2     | \$2,333.16 | \$138.60     | \$20.00 | \$2,491.76        | \$1,295.72        | \$1,196.04                    | \$1,037.44 | \$1,295.72 |
| F60                    | SELF + DEPENDENTS  | 3     | \$3,033.11 | \$138.60     | \$20.00 | \$3,191.71        | \$1,659.69        | \$1,532.02                    | \$1,373.42 | \$1,659.69 |
|                        |                    |       |            |              |         |                   |                   |                               |            |            |
| PERS PLATINUM          | PPO 90/10          |       |            |              |         |                   |                   |                               |            |            |
| E60                    | SELF               | 1     | \$1,670.14 | \$138.60     | \$20.00 | \$1,828.74        | \$950.94          | \$877.80                      | \$719.20   | \$950.94   |
| D60                    | SELF + 1 DEPENDENT | 2     | \$3,340.28 | \$138.60     | \$20.00 | \$3,498.88        | \$1,819.42        | \$1,679.47                    | \$1,520.87 | \$1,819.42 |
| F60                    | SELF + DEPENDENTS  | 3     | \$4,342.36 | \$138.60     | \$20.00 | \$4,500.96        | \$2,340.50        | \$2,160.46                    | \$2,001.86 | \$2,340.50 |
|                        |                    |       |            |              |         |                   |                   |                               |            |            |
| PERS GOLD PPO          | PPO 80/20          |       |            |              |         |                   |                   |                               |            |            |
| E60                    | SELF               | 1     | \$1,120.58 | \$138.60     | \$20.00 | \$1,279.18        | \$665.17          | \$614.01                      | \$455.41   | \$665.17   |
| D60                    | SELF + 1 DEPENDENT | 2     | \$2,241.16 | \$138.60     | \$20.00 | \$2,399.76        | \$1,247.88        | \$1,151.88                    | \$993.28   | \$1,247.88 |
| F60                    | SELF + DEPENDENTS  | 3     | \$2,913.51 | \$138.60     | \$20.00 | \$3,072.11        | \$1,597.50        | \$1,474.61                    | \$1,316.01 | \$1,597.50 |
|                        |                    |       |            |              |         |                   |                   |                               |            |            |
|                        |                    |       |            |              |         |                   |                   |                               |            |            |
| ANTHEM SELECT HMO      | HMO                |       |            |              |         |                   |                   |                               |            |            |
| E60                    | SELF               | 1     | \$1,336.29 | \$138.60     | \$20.00 | \$1,494.89        | \$777.34          | \$717.55                      | \$558.95   | \$777.34   |
| D60                    | SELF + 1 DEPENDENT | 2     | \$2,672.58 | \$138.60     | \$20.00 | \$2,831.18        | \$1,472.21        | \$1,358.97                    | \$1,200.37 | \$1,472.21 |
| F60                    | SELF + DEPENDENTS  | 3     | \$3,474.35 | \$138.60     | \$20.00 | \$3,632.95        | \$1,889.13        | \$1,743.82                    | \$1,585.22 | \$1,889.13 |
|                        |                    |       |            |              |         |                   |                   |                               |            |            |
| ANTHEM HMO TRADITIONAL | HMO                |       |            |              |         |                   |                   |                               |            |            |
| E60                    | SELF               | 1     | \$1,612.08 | \$138.60     | \$20.00 | \$1,770.68        | \$920.75          | \$849.93                      | \$691.33   | \$920.75   |
| D60                    | SELF + 1 DEPENDENT | 2     | \$3,224.16 | \$138.60     | \$20.00 | \$3,382.76        | \$1,759.04        | \$1,623.72                    | \$1,465.12 | \$1,759.04 |
| F60                    | SELF + DEPENDENTS  | 3     | \$4,191.41 | \$138.60     | \$20.00 | \$4,350.01        | \$2,262.01        | \$2,088.00                    | \$1,929.40 | \$2,262.01 |



REGION 1  
2026 MATRIX

0.65

**LEA 65% 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**

PAYROLL USE  
ONLY

| MEDICAL PROVIDER            | PLAN               | TIERS | MEDICAL    | DENTAL     | VISION     | BENEFITS<br>TOTAL | **DISTRICT<br>CAP | EMPLOYEE<br>COST PER<br>MONTH | EE Health  | ER             |
|-----------------------------|--------------------|-------|------------|------------|------------|-------------------|-------------------|-------------------------------|------------|----------------|
|                             |                    |       |            | *MANDATORY | *MANDATORY |                   |                   |                               | Cost       | Health<br>Cost |
|                             |                    |       |            |            |            |                   |                   |                               |            |                |
| UNITED HEALTHCARE HMO       | HMO                |       |            |            |            |                   |                   |                               |            |                |
| E60                         | SELF               | 1     | \$1,290.06 | \$138.60   | \$20.00    | \$1,448.66        | \$753.30          | \$695.36                      | \$536.76   | \$753.30       |
| D60                         | SELF + 1 DEPENDENT | 2     | \$2,580.12 | \$138.60   | \$20.00    | \$2,738.72        | \$1,424.14        | \$1,314.58                    | \$1,155.98 | \$1,424.14     |
| F60                         | SELF + DEPENDENTS  | 3     | \$3,354.16 | \$138.60   | \$20.00    | \$3,512.76        | \$1,826.64        | \$1,686.12                    | \$1,527.52 | \$1,826.64     |
|                             |                    |       |            |            |            |                   |                   |                               |            |                |
|                             |                    |       |            |            |            |                   |                   |                               |            |                |
| WESTERN ADVANTAGE<br>HEALTH | HMO                |       |            |            |            |                   |                   |                               |            |                |
| E60                         | SELF               | 1     | \$969.58   | \$138.60   | \$20.00    | \$1,128.18        | \$586.65          | \$541.53                      | \$382.93   | \$586.65       |
| D60                         | SELF + 1 DEPENDENT | 2     | \$1,939.16 | \$138.60   | \$20.00    | \$2,097.76        | \$1,090.84        | \$1,006.92                    | \$848.32   | \$1,090.84     |
| F60                         | SELF + DEPENDENTS  | 3     | \$2,520.91 | \$138.60   | \$20.00    | \$2,679.51        | \$1,393.35        | \$1,286.16                    | \$1,127.56 | \$1,393.35     |

*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](https://calpers.ca.gov/page/active-members/health-benefits/plans-and-rates/zip-search)  
for more information go to [www.calpers.ca.gov](https://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