

Los Gatos Saratoga Union High School District
Health Benefits Rate Matrix for January 1 through December 31, 2026

CalPERS Plan Name	Monthly Premiums								
	Employee ONLY	District Share	Employee Share	Employee + ONE	District Share	Employee Share	FAMILY	District Share	Employee Share
Anthem HMO Select	1,336.29	1,336.29	0.00	2,672.58	2,672.58	0.00	3,474.35	3,474.35	0.00
Anthem HMO Traditional	1,612.08	1,336.29	275.79	3,224.16	2,672.58	551.58	4,191.41	3,474.35	717.06
Blue Shield Access + HMO	1,301.95	1,301.95	0.00	2,603.90	2,603.90	0.00	3,385.07	3,385.07	0.00
Blue Shield Trio <small>(Available in Santa Cruz; NOT available in Monterey and Santa Clara counties)</small>	1,166.58	1,166.58	0.00	2,333.16	2,333.16	0.00	3,033.11	3,033.11	0.00
Kaiser CA	1,168.86	1,168.86	0.00	2,337.72	2,337.72	0.00	3,039.04	3,039.04	0.00
PERS GOLD - PPO	1,120.58	1,120.58	0.00	2,241.16	2,241.16	0.00	2,913.51	2,913.51	0.00
PERS Platinum - PPO	1,670.14	1,336.29	333.85	3,340.28	2,672.58	667.70	4,342.36	3,474.35	868.01
UnitedHealthcare Signature Value Alliance <small>(Not available in Monterey county)</small>	1,290.06	1,290.06	0.00	2,580.12	2,580.12	0.00	3,354.16	3,354.16	0.00
UnitedHealthcare Signature Value Harmony <small>(Not available in Monterey & San Francisco counties)</small>	1,133.09	1,133.09	0.00	2,266.18	2,266.18	0.00	2,946.03	2,946.03	0.00

CAP amount is the Anthem HMO Select Plan Rate

Rates listed under Employee Share are based on 100% FTE

10 month Certificated Staff ➤ Double Deduction in April & May to pay for June & July

Full benefits are provided @ 80% FTE

11 month Classified Staff ➤ Double Deduction in June to pay for July

Health Reimbursement Account (HRA): \$125 per month (based on FTE) will be provided to those employees enrolled in District's CalPERS Medical Plan.

Please review pages 6-7 of the 2026 Health Benefit Summary to assure the plan of your choice is available in your county.