Lodi Unified School District

CalPERS 2026 Regional Health Premiums (Actives and Annuitants)

Effective Date: January 1, 2026

Region 3*

Los Angeles, Riverside, San Bernardino

Basic Monthly Premiums (B)

Plan	Subscriber	Plan Code	Party Code	Party Rate	Subscriber & 1 Dependent	Plan Code	Party Code	Party Rate	Subscriber & 2+ Dependents	Plan Code	Party Code	Party Rate
Anthem Blue Cross Select HMO	$962.68	508	1	1	$1,925.36	508	2	2	$2,502.97	508	3	3
Anthem Blue Cross Traditional HMO	$1,128.53	511	1	1	$2,257.06	511	2	2	$2,934.18	511	3	3
Blue Shield Access+ HMO	$917.91	527	1	1	$1,835.82	527	2	2	$2,386.57	527	3	3
Blue Shield Trio HMO	$852.56	452	1	1	$1,705.12	452	2	2	$2,216.66	452	3	3
Health Net Salud y Más	$740.11	532	1	1	$1,480.22	532	2	2	$1,924.29	532	3	3
Kaiser Permanente	$969.05	535	1	1	$1,938.10	535	2	2	$2,519.53	535	3	3
Peace Officers Research Assoc of CA	$1,057.00	594	1	1	$2,127.00	594	2	2	$2,708.00	594	3	3
PERS Gold	$960.03	650	1	1	$1,920.06	650	2	2	$2,496.08	650	3	3
PERS Platinum	$1,431.81	659	1	1	$2,863.62	659	2	2	$3,722.71	659	3	3
UnitedHealthcare SignatureValue Alliance	$870.76	578	1	1	$1,741.52	578	2	2	$2,263.98	578	3	3
UnitedHealthcare SignatureValue Harmony	$765.51	475	1	1	$1,531.02	475	2	2	$1,990.33	475	3	3

Supplement/Managed Medicare Monthly Premiums (M)

Plan	Subscriber	Plan Code	Party Code	Party Rate	Subscriber & 1 Dependent	Plan Code	Party Code	Party Rate	Subscriber & 2+ Dependents	Plan Code	Party Code	Party Rate
Anthem Medicare Preferred PPO	$571.70	517	1	4	$1,143.40	517	2	5	$1,715.10	517	3	6
Anthem Medicare Preferred PPO with Dental/Vision[1]	$571.70	514	1	4	$1,143.40	514	2	5	$1,715.10	514	3	6
Anthem Medicare Preferred PPO	$571.70	039	1	4	$1,143.40	039	2	5	$1,715.10	039	3	6
Anthem Medicare Preferred PPO with Dental/Vision[1]	$571.70	075	1	4	$1,143.40	075	2	5	$1,715.10	075	3	6
Blue Shield Medicare PPO	$539.43	014	1	4	$1,078.86	014	2	5	$1,618.29	014	3	6
Blue Shield Medicare PPO with Dental/Vision[2]	$539.43	047	1	4	$1,078.86	047	2	5	$1,618.29	047	3	6
Kaiser Permanente Senior Advantage	$356.83	538	1	4	$713.66	538	2	5	$1,070.49	538	3	6
Kaiser Permanente Senior Advantage with Dental[3]	$356.83	544	1	4	$713.66	544	2	5	$1,070.49	544	3	6
Kaiser Permanente Senior Advantage Summit	$426.31	632	1	4	$852.62	632	2	5	$1,278.93	632	3	6
Kaiser Permanente Senior Advantage Summit with Dental[3]	$426.31	638	1	4	$852.62	638	2	5	$1,278.93	638	3	6
Peace Officers Research Assoc of CA Medicare Supplement	$597.00	597	1	4	$1,322.00	597	2	5	$1,791.00	597	3	6
PERS Gold Medicare Supplement	$597.57	653	1	4	$1,195.14	653	2	5	$1,792.71	653	3	6
PERS Platinum Medicare Supplement	$665.50	663	1	4	$1,331.00	663	2	5	$1,996.50	663	3	6
UnitedHealthcare Group Medicare Advantage PPO	$481.29	581	1	4	$962.58	581	2	5	$1,443.87	581	3	6
UnitedHealthcare Group Medicare Advantage PPO with Dental/Vision[4]	$481.29	587	1	4	$962.58	587	2	5	$1,443.87	587	3	6

*For health plan availability by county, please refer to the 2026 Health Benefit Summary or myCalPERS.

[1]Dental and Vision coverage is an additional $38.00 per member per month premium. You will be billed directly for this amount.

[2]Dental and Vision coverage is an additional $40.31 per member per month premium. You will be billed directly for this amount.

[3]Dental benefit is an additional $15.97 per member per month premium. You will be billed directly for this amount.

[4]Dental and Vision coverage is an additional $29.54 per member per month premium. You will be billed directly for this amount.

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Region 3*

Los Angeles, Riverside, San Bernardino

Combination Monthly Premiums

Plan	Subscriber in M, & 1 Dependent in B	Plan Code	Party Code	Party Rate	Subscriber in M, & 2+ Dependents in B	Plan Code	Party Code	Party Rate	Subscriber in M, 1 Dependent in M, & 1+ Dependent in B	Plan Code	Party Code	Party Rate
Anthem Blue Cross Select HMO and Medicare Preferred	$1,534.38	041	4	7	$2,111.99	041	5	8	$1,721.01	041	6	9
Anthem Blue Cross Select HMO and Medicare Preferred with Dental/Vision[1]	$1,534.38	077	4	7	$2,111.99	077	5	8	$1,721.01	077	6	9
Anthem Blue Cross Traditional HMO and Medicare Preferred	$1,700.23	520	4	7	$2,377.35	520	5	8	$1,820.52	520	6	9
Anthem Blue Cross Traditional HMO and Medicare Preferred with Dental/Vision[1]	$1,700.23	523	4	7	$2,377.35	523	5	8	$1,820.52	523	6	9
Blue Shield Access+ HMO and Medicare	$1,457.34	051	4	7	$2,008.09	051	5	8	$1,629.61	051	6	9
Blue Shield Access+ HMO and Medicare with Dental/Vision[2]	$1,457.34	091	4	7	$2,008.09	091	5	8	$1,629.61	091	6	9
Blue Shield Trio HMO and Medicare	$1,391.99	096	4	7	$1,903.53	096	5	8	$1,590.40	096	6	9
Blue Shield Trio HMO and Medicare with Dental/Vision[3]	$1,391.99	099	4	7	$1,903.53	099	5	8	$1,590.40	099	6	9
Kaiser Permanente and Senior Advantage	$1,325.88	541	4	7	$1,907.31	541	5	8	$1,295.09	541	6	9
Kaiser Permanente and Senior Advantage with Dental[4]	$1,325.88	547	4	7	$1,907.31	547	5	8	$1,295.09	547	6	9
Kaiser Permanente and Senior Advantage Summit	$1,395.36	635	4	7	$1,976.79	635	5	8	$1,434.05	635	6	9
Kaiser Permanente and Senior Advantage Summit with Dental[4]	$1,395.36	641	4	7	$1,976.79	641	5	8	$1,434.05	641	6	9
Peace Officers Research Assoc of CA and Medicare Supplement	$1,667.00	600	4	7	$2,247.00	600	5	8	$1,888.00	600	6	9
PERS Gold and Medicare Supplement	$1,557.60	656	4	7	$2,133.62	656	5	8	$1,771.16	656	6	9
PERS Platinum and Medicare Supplement	$2,097.31	667	4	7	$2,956.40	667	5	8	$2,190.09	667	6	9
UnitedHealthcare SignatureValue Alliance and Group Medicare Advantage PPO	$1,352.05	584	4	7	$1,874.51	584	5	8	$1,485.04	584	6	9
UnitedHealthcare SignatureValue Alliance and Group Medicare Advantage PPO with Dental/Vision[5]	$1,352.05	590	4	7	$1,874.51	590	5	8	$1,485.04	590	6	9
UnitedHealthcare SignatureValue Harmony and Group Medicare Advantage PPO	$1,246.80	774	4	7	$1,706.11	774	5	8	$1,421.89	774	6	9
UnitedHealthcare SignatureValue Harmony and Group Medicare Advantage PPO with Dental/Vision[5]	$1,246.80	776	4	7	$1,706.11	776	5	8	$1,421.89	776	6	9

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[5]Dental and Vision coverage is an additional $29.54 per member per month premium. You will be billed directly for this amount.

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Combination Monthly Premiums (Continued)

Plan	Subscriber in B, & 1 Dependent in M	Plan Code	Party Code	Party Rate	Subscriber in B, & 2+ Dependents in M	Plan Code	Party Code	Party Rate	Subscriber in B, 1 Dependent in M, & 1+ Dependent in B	Plan Code	Party Code	Party Rate
Anthem Blue Cross Select HMO and Medicare Preferred	$1,534.38	041	7	10	$2,106.08	041	8	11	$2,111.99	041	9	12
Anthem Blue Cross Select HMO and Medicare Preferred with Dental/Vision[1]	$1,534.38	077	7	10	$2,106.08	077	8	11	$2,111.99	077	9	12
Anthem Blue Cross Traditional HMO and Medicare Preferred	$1,700.23	520	7	10	$2,271.93	520	8	11	$2,377.35	520	9	12
Anthem Blue Cross Traditional HMO and Medicare Preferred with Dental/Vision[1]	$1,700.23	523	7	10	$2,271.93	523	8	11	$2,377.35	523	9	12
Blue Shield Access+ HMO and Medicare	$1,457.34	051	7	10	$1,996.77	051	8	11	$2,008.09	051	9	12
Blue Shield Access+ HMO and Medicare with Dental/Vision[2]	$1,457.34	091	7	10	$1,996.77	091	8	11	$2,008.09	091	9	12
Blue Shield Trio HMO and Medicare	$1,391.99	096	7	10	$1,931.42	096	8	11	$1,903.53	096	9	12
Blue Shield Trio HMO and Medicare with Dental/Vision[3]	$1,391.99	099	7	10	$1,931.42	099	8	11	$1,903.53	099	9	12
Kaiser Permanente and Senior Advantage	$1,325.88	541	7	10	$1,682.71	541	8	11	$1,907.31	541	9	12
Kaiser Permanente and Senior Advantage with Dental[4]	$1,325.88	547	7	10	$1,682.71	547	8	11	$1,907.31	547	9	12
Kaiser Permanente and Senior Advantage Summit	$1,395.36	635	7	10	$1,821.67	635	8	11	$1,976.79	635	9	12
Kaiser Permanente and Senior Advantage Summit with Dental[4]	$1,395.36	641	7	10	$1,821.67	641	8	11	$1,976.79	641	9	12
Peace Officers Research Assoc of CA and Medicare Supplement	$1,654.00	600	7	10	$2,071.00	600	8	11	$2,247.00	600	9	12
PERS Gold and Medicare Supplement	$1,557.60	656	7	10	$2,155.17	656	8	11	$2,133.62	656	9	12
PERS Platinum and Medicare Supplement	$2,097.31	667	7	10	$2,762.81	667	8	11	$2,956.40	667	9	12
UnitedHealthcare SignatureValue Alliance and Group Medicare Advantage PPO	$1,352.05	584	7	10	$1,833.34	584	8	11	$1,874.51	584	9	12
UnitedHealthcare SignatureValue Alliance and Group Medicare Advantage PPO with Dental/Vision[5]	$1,352.05	590	7	10	$1,833.34	590	8	11	$1,874.51	590	9	12
UnitedHealthcare SignatureValue Harmony and Group Medicare Advantage PPO	$1,246.80	774	7	10	$1,728.09	774	8	11	$1,706.11	774	9	12
UnitedHealthcare SignatureValue Harmony and Group Medicare Advantage PPO with Dental/Vision[5]	$1,246.80	776	7	10	$1,728.09	776	8	11	$1,706.11	776	9	12

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