LODI UNIFIED SCHOOL DISTRICT

REGION 1

2027 MATRIX

0.85

## *LEA* 85% EMPLOYEES WITH 2027 CAPS

Rates effective with paychecks 12/31/26 to 11/30/27; Insurance Effective on 1/1/27

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

| MEDICAL PROVIDER | PLAN | TIERS | MEDICAL | DENTAL | VISION | BENEFITS TOTAL | **DISTRICT CAP | EMPLOYEE COST PER MONTH | PAYROLL USE ONLY: EE Health Cost | PAYROLL USE ONLY: ER Health Cost |
|---|---|---|---|---|---|---|---|---|---|---|
| KAISER | HMO | | | Eff 09/30/26 | | | | | | |
| E60 | SELF | 1 | $1,187.63 | $138.60 | $20.00 | $1,346.23 | $915.43 | $430.80 | $272.20 | $915.43 |
| D60 | SELF + 1 DEPENDENT | 2 | $2,375.26 | $138.60 | $20.00 | $2,533.86 | $1,723.03 | $810.83 | $652.23 | $1,723.03 |
| F60 | SELF + DEPENDENTS | 3 | $3,087.84 | $138.60 | $20.00 | $3,246.44 | $2,207.58 | $1,038.86 | $880.26 | $2,207.58 |
| BLUE SHIELD ACCESS | HMO | | | | | | | | | |
| E60 | SELF | 1 | $1,479.12 | $138.60 | $20.00 | $1,637.72 | $1,113.65 | $524.07 | $365.47 | $1,113.65 |
| D60 | SELF + 1 DEPENDENT | 2 | $2,958.24 | $138.60 | $20.00 | $3,116.84 | $2,119.45 | $997.39 | $838.79 | $2,119.45 |
| F60 | SELF + DEPENDENTS | 3 | $3,845.71 | $138.60 | $20.00 | $4,004.31 | $2,722.93 | $1,281.38 | $1,122.78 | $2,722.93 |
| BLUE SHIELD TRIO | HMO PLAN | | | | | | | | | |
| E60 | SELF | 1 | $1,202.57 | $138.60 | $20.00 | $1,361.17 | $925.60 | $435.57 | $276.97 | $925.60 |
| D60 | SELF + 1 DEPENDENT | 2 | $2,405.14 | $138.60 | $20.00 | $2,563.74 | $1,743.34 | $820.40 | $661.80 | $1,743.34 |
| F60 | SELF + DEPENDENTS | 3 | $3,126.68 | $138.60 | $20.00 | $3,285.28 | $2,233.99 | $1,051.29 | $892.69 | $2,233.99 |
| PERS PLATINUM | PPO 90/10 | | | | | | | | | |
| E60 | SELF | 1 | $1,778.62 | $138.60 | $20.00 | $1,937.22 | $1,317.31 | $619.91 | $461.31 | $1,317.31 |
| D60 | SELF + 1 DEPENDENT | 2 | $3,557.24 | $138.60 | $20.00 | $3,715.84 | $2,526.77 | $1,189.07 | $1,030.47 | $2,526.77 |
| F60 | SELF + DEPENDENTS | 3 | $4,624.41 | $138.60 | $20.00 | $4,783.01 | $3,252.45 | $1,530.56 | $1,371.96 | $3,252.45 |
| PERS GOLD PPO | PPO 80/20 | | | | | | | | | |
| E60 | SELF | 1 | $1,215.17 | $138.60 | $20.00 | $1,373.77 | $934.17 | $439.60 | $281.00 | $934.17 |
| D60 | SELF + 1 DEPENDENT | 2 | $2,430.34 | $138.60 | $20.00 | $2,588.94 | $1,760.48 | $828.46 | $669.86 | $1,760.48 |
| F60 | SELF + DEPENDENTS | 3 | $3,159.44 | $138.60 | $20.00 | $3,318.04 | $2,256.27 | $1,061.77 | $903.17 | $2,256.27 |
| ANTHEM SELECT HMO | HMO | | | | | | | | | |
| E60 | SELF | 1 | $1,486.44 | $138.60 | $20.00 | $1,645.04 | $1,118.63 | $526.41 | $367.81 | $1,118.63 |
| D60 | SELF + 1 DEPENDENT | 2 | $2,972.88 | $138.60 | $20.00 | $3,131.48 | $2,129.40 | $1,002.08 | $843.48 | $2,129.40 |
| F60 | SELF + DEPENDENTS | 3 | $3,864.74 | $138.60 | $20.00 | $4,023.34 | $2,735.87 | $1,287.47 | $1,128.87 | $2,735.87 |
| ANTHEM HMO TRADITIONAL | HMO | | | | | | | | | |
| E60 | SELF | 1 | $1,732.52 | $138.60 | $20.00 | $1,891.12 | $1,285.97 | $605.16 | $446.56 | $1,285.97 |
| D60 | SELF + 1 DEPENDENT | 2 | $3,465.04 | $138.60 | $20.00 | $3,623.64 | $2,464.07 | $1,159.57 | $1,000.97 | $2,464.07 |
| F60 | SELF + DEPENDENTS | 3 | $4,504.55 | $138.60 | $20.00 | $4,663.15 | $3,170.94 | $1,492.21 | $1,333.61 | $3,170.94 |

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|---|---|---|---|---|---|---|---|---|---|---|
| **Sutter Health** | **HMO** | | | | | | | | | |
| **E60** | **SELF** | 1 | **$1,130.67** | $138.60 | $20.00 | $1,289.27 | $876.71 | $412.56 | $253.96 | $876.71 |
| **D60** | **SELF + 1 DEPENDENT** | 2 | **$2,261.34** | $138.60 | $20.00 | $2,419.94 | $1,645.56 | $774.38 | $615.78 | $1,645.56 |
| **F60** | **SELF + DEPENDENTS** | 3 | **$2,939.74** | $138.60 | $20.00 | $3,098.34 | $2,106.87 | $991.47 | $832.87 | $2,106.87 |
| **WESTERN ADVANTAGE HEALTH** | **HMO** | | | | | | | | | |
| **E60** | **SELF** | 1 | **$1,030.80** | $138.60 | $20.00 | $1,189.40 | $808.79 | $380.61 | $222.01 | $808.79 |
| **D60** | **SELF + 1 DEPENDENT** | 2 | **$2,061.60** | $138.60 | $20.00 | $2,220.20 | $1,509.74 | $710.46 | $551.86 | $1,509.74 |
| **F60** | **SELF + DEPENDENTS** | 3 | **$2,680.08** | $138.60 | $20.00 | $2,838.68 | $1,930.30 | $908.38 | $749.78 | $1,930.30 |

*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, 2028. The 2028 plan year rates will be available in alignment with open enrollment in the fall of 2027

***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