2027 CSEA, CST, DMA, MDEA, MDSPA & TEAMSTERS Medical Rates and Deductions for 12 Month Employees

MEDICAL PLANS	CalPERS Jan 2026 to Dec 2026 RATES	CalPERS Jan 2027 to Dec 2027 RATES	2026 Calendar MDUSD Coverage Rate	2027 Calendar MDUSD Coverage Rate based on current agreements	12 MONTH EMPLOYEES	
					2026 Deductions Remain the Same through end of November 2026 paycheck	*End of December 2026 through end of November 2027 paycheck
ANTHEM BLUE CROSS - Two (2) HMO Plans						
Anthem Blue Cross Select HMO	1,336.29	1,486.44	1,168.86	1,187.63	167.43	298.81
Anthem Blue Cross Select HMO 2 Party	2,672.58	2,972.88	2,337.72	2,375.26	334.86	597.62
Anthem Blue Cross Select HMO Fam	3,474.35	3,864.74	3,039.04	3,087.84	435.31	776.90
Anthem Blue Cross Traditional HMO	1,612.08	1,732.52	1,168.86	1,187.63	443.22	544.89
Anthem Blue Cross Trdtnl HMO 2 Party	3,224.16	3,465.04	2,337.72	2,375.26	886.44	1,089.78
Anthem Blue Cross Trdtnl HMO Fam	4,191.41	4,504.55	3,039.04	3,087.84	1,152.37	1,416.71
BLUE SHIELD - Two (2) HMO Plans						
Access + HMO 1 Party	1,301.95	1,479.12	1,168.86	1,187.63	133.09	291.49
Access + HMO 2 Party	2,603.90	2,958.24	2,337.72	2,375.26	266.18	582.98
Access + HMO Family	3,385.07	3,845.71	3,039.04	3,087.84	346.03	757.87
BLUE SHIELD TRIO HMO						
Trio HMO 1 Party	1,166.58	1,202.57	1,168.86	1,187.63	0.00	14.94
Trio HMO 2 Party	2,333.16	2,405.14	2,337.72	2,375.26	0.00	29.88
Trio HMO Family	3,033.11	3,126.68	3,039.04	3,087.84	0.00	38.84
KAISER HMO						
Kaiser 1 Party	1,168.86	1,187.63	1,168.86	1,187.63	0.00	0.00
Kaiser 2 Party	2,337.72	2,375.26	2,337.72	2,375.26	0.00	0.00
Kaiser Family	3,039.04	3,087.84	3,039.04	3,087.84	0.00	0.00
BLUE SHIELD - Two (2) PPO Plans						
PERS Platinum PPO 1 Party	1,670.14	1,778.62	1,168.86	1,187.63	501.28	590.99
PERS Platinum PPO 2 Party	3,340.28	3,557.24	2,337.72	2,375.26	1,002.56	1,181.98
PERS Platinum PPO Family	4,342.36	4,624.41	3,039.04	3,087.84	1,303.32	1,536.57
PERS Gold PPO 1 Party	1,120.58	1,215.17	1,168.86	1,187.63	0.00	27.54
PERS Gold PPO 2 Party	2,241.16	2,430.34	2,337.72	2,375.26	0.00	55.08
PERS Gold Family	2,913.51	3,159.44	3,039.04	3,087.84	0.00	71.60

Your 2027 Monthly Medical Cost: Your monthly cost is the 2027 CalPERS rate minus the 2027 MDUSD Coverage rate. The new rate will begin with your December 2026 paycheck.

Before selecting a healthplan: Not all health plans are available in every ZIP code. Before enrolling, confirm that the plan you are considering is available based on your home or work ZIP code and that your preferred doctors, including your Primary Care Physician (PCP) participate in the plan.

To check plan availability: Use the CalPERS ZIP code search to see which health plans are available to you:
https://www3.calpers.ca.gov/a/members/health-benefits/plans-and-rates/zip-search

To check provider availability: Please also contact your medical provider directly to confirm that they participate in the plan you are considering.

To learn more about your 2027 health plan options, please review the 2027 CalPERS Health Benefit Summary on the district webpage:
https://www.mdusd.org/departments/human-resources/benefits/medical