



REGION 1
2027 MATRIX

1

SUPV 8 HOURS EMPLOYEES WITH 2027 CAPS

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

MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH
				*MANDATORY	*MANDATORY			
KAISER	HMO							
E30	SELF	1	\$1,187.63	\$137.06	\$25.00	\$1,349.69	\$1,079.75	\$269.94
D30	SELF + 1 DEPENDENT	2	\$2,375.26	\$137.06	\$25.00	\$2,537.32	\$2,029.86	\$507.46
F30	SELF + DEPENDENTS	3	\$3,087.84	\$137.06	\$25.00	\$3,249.90	\$2,599.92	\$649.98
BLUE SHIELD ACCESS	HMO							
E30	SELF	1	\$1,479.12	\$137.06	\$25.00	\$1,641.18	\$1,312.94	\$328.24
D30	SELF + 1 DEPENDENT	2	\$2,958.24	\$137.06	\$25.00	\$3,120.30	\$2,496.24	\$624.06
F30	SELF + DEPENDENTS	3	\$3,845.71	\$137.06	\$25.00	\$4,007.77	\$3,206.22	\$801.55
BLUE SHIELD TRIO	HMO PLAN							
E30	SELF	1	\$1,202.57	\$137.06	\$25.00	\$1,364.63	\$1,091.70	\$272.93
D30	SELF + 1 DEPENDENT	2	\$2,405.14	\$137.06	\$25.00	\$2,567.20	\$2,053.76	\$513.44
F30	SELF + DEPENDENTS	3	\$3,126.68	\$137.06	\$25.00	\$3,288.74	\$2,630.99	\$657.75
PERS PLATINUM	PPO 90/10							
E30	SELF	1	\$1,778.62	\$137.06	\$25.00	\$1,940.68	\$1,552.54	\$388.14
D30	SELF + 1 DEPENDENT	2	\$3,557.24	\$137.06	\$25.00	\$3,719.30	\$2,975.44	\$743.86
F30	SELF + DEPENDENTS	3	\$4,624.41	\$137.06	\$25.00	\$4,786.47	\$3,829.18	\$957.29
PERS GOLD PPO	PPO 80/20							
E30	SELF	1	\$1,215.17	\$137.06	\$25.00	\$1,377.23	\$1,101.78	\$275.45
D30	SELF + 1 DEPENDENT	2	\$2,430.34	\$137.06	\$25.00	\$2,592.40	\$2,073.92	\$518.48
F30	SELF + DEPENDENTS	3	\$3,159.44	\$137.06	\$25.00	\$3,321.50	\$2,657.20	\$664.30
ANTHEM SELECT HMO	HMO							
E30	SELF	1	\$1,486.44	\$137.06	\$25.00	\$1,648.50	\$1,318.80	\$329.70
D30	SELF + 1 DEPENDENT	2	\$2,972.88	\$137.06	\$25.00	\$3,134.94	\$2,507.95	\$626.99
F30	SELF + DEPENDENTS	3	\$3,864.74	\$137.06	\$25.00	\$4,026.80	\$3,221.44	\$805.36
ANTHEM HMO TRADITIONAL	HMO							
E30	SELF	1	\$1,732.52	\$137.06	\$25.00	\$1,894.58	\$1,515.66	\$378.92
D30	SELF + 1 DEPENDENT	2	\$3,465.04	\$137.06	\$25.00	\$3,627.10	\$2,901.68	\$725.42
F30	SELF + DEPENDENTS	3	\$4,504.55	\$137.06	\$25.00	\$4,666.61	\$3,733.29	\$933.32



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MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH
				*MANDATORY	*MANDATORY			
Sutter Health	HMO							
E30	SELF	1	\$1,130.67	\$137.06	\$25.00	\$1,292.73	\$1,034.18	\$258.55
D30	SELF + 1 DEPENDENT	2	\$2,261.34	\$137.06	\$25.00	\$2,423.40	\$1,938.72	\$484.68
F30	SELF + DEPENDENTS	3	\$2,939.74	\$137.06	\$25.00	\$3,101.80	\$2,481.44	\$620.36
WESTERN ADVANTAGE HEALTH	HMO							
E30	SELF	1	\$1,030.80	\$137.06	\$25.00	\$1,192.86	\$954.29	\$238.57
D30	SELF + 1 DEPENDENT	2	\$2,061.60	\$137.06	\$25.00	\$2,223.66	\$1,778.93	\$444.73
F30	SELF + DEPENDENTS	3	\$2,680.08	\$137.06	\$25.00	\$2,842.14	\$2,273.71	\$568.43

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.

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