Lodi Unified School District

Updated: August 5, 2021

CalPERS 2022 Regional Health Premiums (Actives and Annuitants)

Effective Date: January 1, 2022

Region 1

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

Basic Monthly Premiums (B)

Plan	Subscriber	Plan Code	Party Rate	Subscriber & 1 Dependent	Plan Code	Party Rate	Subscriber & 2+ Dependents	Plan Code	Party Rate
Anthem Blue Cross Del Norte	$1,057.01	504	1	$2,114.02	504	2	$2,748.23	504	3
Anthem Blue Cross Select	1,015.81	506	1	2,031.62	506	2	2,641.11	506	3
Anthem Blue Cross Traditional	1,304.00	509	1	2,608.00	509	2	3,390.40	509	3
Blue Shield Access+	1,116.01	525	1	2,232.02	525	2	2,901.63	525	3
Blue Shield Access+ EPO	1,116.01	524	1	2,232.02	524	2	2,901.63	524	3
Blue Shield Trio*	898.54	451	1	1,797.08	451	2	2,336.20	451	3
Health Net SmartCare	1,153.00	528	1	2,306.00	528	2	2,997.80	528	3
Kaiser Permanente	857.06	533	1	1,714.12	533	2	2,228.36	533	3
PERS Gold	701.23	613	1	1,402.46	613	2	1,823.20	613	3
PERS Platinum	1,057.01	601	1	2,114.02	601	2	2,748.23	601	3
Peace Officers Research Assoc of CA	799.00	592	1	1,725.00	592	2	2,219.00	592	3
UnitedHealthcare	1,020.28	576	1	2,040.56	576	2	2,652.73	576	3
Western Health Advantage	741.26	591	1	1,482.52	591	2	1,927.28	591	3

Supplement/Managed Medicare Monthly Premiums (M)

Plan	Subscriber	Plan Code	Party Rate	Subscriber & 1 Dependent	Plan Code	Party Rate	Subscriber & 2+ Dependents	Plan Code	Party Rate
Anthem Blue Cross Select Medicare Preferred	$360.19	455	1	$720.38	455	2	$1,080.57	455	3
Anthem Blue Cross Select Medicare Preferred with Dental[1]	360.19	459	1	720.38	459	2	1,080.57	459	3
Anthem Blue Cross Medicare Preferred	360.19	515	1	720.38	515	2	1,080.57	515	3
Anthem Blue Cross Medicare Preferred with Dental/Vision[1]	360.19	512	1	720.38	512	2	1,080.57	512	3
Blue Shield Medicare	353.11	011	1	706.22	011	2	1,059.33	011	3
Blue Shield Medicare with Dental/Vision[2]	353.11	016	1	706.22	016	2	1,059.33	016	3
Kaiser Permanente Senior Advantage	302.53	536	1	605.06	536	2	907.59	536	3
Kaiser Permanente Senior Advantage with Dental[3]	302.53	542	1	605.06	542	2	907.59	542	3
PERS Gold Medicare Supplement	377.41	616	1	754.82	616	2	1,132.23	616	3
PERS Platinum Medicare Supplement	381.94	605	1	763.88	605	2	1,145.82	605	3
Peace Officers Research Assoc of CA Medicare Supplement	461.00	595	1	919.00	595	2	1,471.00	595	3
UnitedHealthcare Medicare Advantage Edge	347.21	476	1	694.42	476	2	1,041.63	476	3
UnitedHealthcare Medicare Advantage	294.65	579	1	589.30	579	2	883.95	579	3
UnitedHealthcare Medicare Advantage with Dental/Vision[4]	294.65	585	1	589.30	585	2	883.95	585	3
Western Health Advantage Medicare Advantage	314.94	035	1	629.88	035	2	944.82	035	3

*Blue Shield Trio is only available in El Dorado, Nevada, Placer, Sacramento, Santa Cruz, Stanislaus, and Yolo (partial county served)
[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 $38.00 per member per month premium. You will be billed directly for this amount.
[3]Dental benefit is an additional $15.05 per member per month premium. You will be billed directly for this amount.
[4]Dental and Vision coverage is an additional $25.55 per member per month premium. You will be billed directly for this amount.

	District Caps**	Dental		Vision (VSP)
LEA	$737.05	CVT	$153.72	$20.00
CSEA ***	$673.30	Delta Dental	$102.26	$25.00
LPPA	$566.40	CVT	$157.26	$25.00
MGMT (LUSDAA)	$426.15	CVT	$152.00	$20.00
CONFIDENTIAL	$426.15	CVT	$153.72	$25.00
SUPV*** (LUSG)	$651.79	CVT	$152.00	$25.00

**District contributions are subject to change due to on-going bargaining group negotiations.
*** Upon selection of Cap A, B, or C, refer to bargaining contract.

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Combination Monthly Premiums

Plan	Subscriber in M, & 1 Dependent in B	Plan Code	Party Rate	Subscriber in M, & 2+ Dependents in B	Plan Code	Party Rate	Subscriber in M, 1 Dependent in M, & 1+ Dependent in B	Plan Code	Party Rate
Anthem Blue Cross Del Norte and Medicare Supplement	$1,438.95	021	4	$2,073.16	021	5	$1,398.09	021	6
Anthem Blue Cross Select and Medicare Preferred	1,376.00	457	4	1,985.49	457	5	1,329.87	457	6
Anthem Blue Cross Select and Medicare Preferred with Dental[1]	1,376.00	460	4	1,985.49	460	5	1,329.87	460	6
Anthem Blue Cross Traditional HMO and Medicare Preferred	1,664.19	518	4	2,446.59	518	5	1,502.78	518	6
Anthem Blue Cross Traditional HMO and Medicare Preferred Dental/Vision[1]	1,664.19	521	4	2,446.59	521	5	1,502.78	521	6
Blue Shield Access+ and Medicare	1,469.12	049	4	2,138.73	049	5	1,375.83	049	6
Blue Shield Access+ and Medicare with Dental/Vision[2]	1,469.12	089	4	2,138.73	089	5	1,375.83	089	6
Blue Shield Access+ EPO and Medicare	1,469.12	092	4	2,138.73	092	5	1,375.83	092	6
Blue Shield Access+ EPO and Medicare with Dental/Vision[3]	1,469.12	093	4	2,138.73	093	5	1,375.83	093	6
Blue Shield Trio and Medicare	1,251.65	094	4	1,790.77	094	5	1,245.34	094	6
Blue Shield Trio and Medicare with Dental/Vision[4]	1,251.65	097	4	1,790.77	097	5	1,245.34	097	6
Kaiser Permanente and Senior Advantage	1,159.59	539	4	1,673.83	539	5	1,119.30	539	6
Kaiser Permanente Senior Advantage with Dental[5]	1,159.59	545	4	1,673.83	545	5	1,119.30	545	6
PERS Gold and Medicare Supplement	1,078.64	619	4	1,499.38	619	5	1,175.56	619	6
PERS Platinum and Medicare Supplement	1,438.95	609	4	2,073.16	609	5	1,398.09	609	6
Peace Officers Research Assoc of CA and Medicare Supplement	1,439.00	598	4	1,913.00	598	5	1,496.00	598	6
UnitedHealthcare and Medicare Advantage Edge	1,367.49	627	4	1,979.66	627	5	1,306.59	627	6
UnitedHealthcare and Medicare Advantage	1,314.93	582	4	1,927.10	582	5	1,201.47	582	6
UnitedHealthcare and Medicare Advantage with Dental/Vision[6]	1,314.93	588	4	1,927.10	588	5	1,201.47	588	6
Western Health Advantage and Medicare Advantage	1,056.20	036	4	1,500.96	036	5	1,074.64	036	6

Combination Monthly Premiums (Continued)

Plan	Subscriber in B, & 1 Dependent in M	Plan Code	Party Rate	Subscriber in B, & 2+ Dependents in M	Plan Code	Party Rate	Subscriber in B, 1 Dependent in M, & 1+ Dependent in B	Plan Code	Party Rate
Anthem Blue Cross Del Norte and Medicare Supplement	$1,438.95	021	7	$1,820.89	021	8	$2,073.16	021	9
Anthem Blue Cross Select and Medicare Preferred	1,376.00	457	7	1,736.19	457	8	1,985.49	457	9
Anthem Blue Cross Select and Medicare Preferred with Dental[1]	1,376.00	460	7	1,736.19	460	8	1,985.49	460	9
Anthem Blue Cross Traditional HMO and Medicare Preferred	1,664.19	518	7	2,024.38	518	8	2,446.59	518	9
Anthem Blue Cross Traditional HMO and Medicare Preferred Dental/Vision[1]	1,664.19	521	7	2,024.38	521	8	2,446.59	521	9
Blue Shield Access+ and Medicare	1,469.12	049	7	1,822.23	049	8	2,138.73	049	9
Blue Shield Access+ and Medicare with Dental/Vision[2]	1,469.12	089	7	1,822.23	089	8	2,138.73	089	9

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Combination Monthly Premiums (Continued)

Plan	Subscriber in B, & 1 Dependent in M	Plan Code	Party Code	Subscriber in B, & 2+ Dependents in M	Plan Code	Party Code	Subscriber in B, 1 Dependent in M, & 1+ Dependent in B	Plan Code	Party Code
Blue Shield Access+ EPO and Medicare	$1,469.12	092	**7**	$1,822.23	092	**8**	$2,138.73	092	**9**
Blue Shield Access+ EPO and Medicare with Dental/Vision[3]	1,469.12	093	**7**	1,822.23	093	**8**	2,138.73	093	**9**
Blue Shield Trio and Medicare	1,251.65	094	**7**	1,604.76	094	**8**	1,790.77	094	**9**
Blue Shield Trio and Medicare with Dental/Vision[4]	1,251.65	097	**7**	1,604.76	097	**8**	1,790.77	097	**9**
Kaiser Permanente and Senior Advantage	1,159.59	539	**7**	1,462.12	539	**8**	1,673.83	539	**9**
Kaiser Permanente and Senior Advantage with Dental[5]	1,159.59	545	**7**	1,462.12	545	**8**	1,673.83	545	**9**
PERS Gold and Medicare Supplement	1,078.64	619	**7**	1,456.05	619	**8**	1,499.38	619	**9**
PERS Platinum and Medicare Supplement	1,438.95	609	**7**	1,820.89	609	**8**	2,073.16	609	**9**
Peace Officers Research Assoc of CA and Medicare Supplement	1,308.00	598	**7**	1,825.00	598	**8**	1,782.00	598	**9**
UnitedHealthcare Signature Alliance and Medicare Advantage Edge	1,367.49	627	**7**	1,714.70	627	**8**	1,979.66	627	**9**
UnitedHealthcare Signature Alliance and Medicare Advantage	1,314.93	582	**7**	1,609.58	582	**8**	1,927.10	582	**9**
UnitedHealthcare Signature Alliance and Medicare Advantage with Dental/Vision[6]	1,314.93	588	**7**	1,609.58	588	**8**	1,927.10	588	**9**
Western Health Advantage and Medicare Advantage	1,056.20	036	**7**	1,371.14	036	**8**	1,500.96	036	**9**

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