Lodi Unified School District

REGION 1
2022 MATRIX

0.85

LPPA 85% EMPLOYEES WITH 2022 CAPS

Rates effective with paychecks 12/31/21 to 11/30/22; Insurance Effective on 1/1/22

PAYROLL USE ONLY

MEDICAL PROVIDER	PLAN	TIERS	MEDICAL	DENTAL	VISION	BENEFITS TOTAL	DISTRICT CAP	EMPLOYEE COST PER MONTH	EE Health Cost	ER Health Cost
KAISER	**HMO**									
E70	**SELF**	1	$857.06	$142.16	$25.00	$1,024.22	$665.27	$358.95	$191.79	$665.27
D70	**SELF + 1 DEPENDENT**	2	$1,714.12	$142.16	$25.00	$1,881.28	$665.27	$1,216.01	$1,048.85	$665.27
F70	**SELF + DEPENDENTS**	3	$2,228.36	$142.16	$25.00	$2,395.52	$665.27	$1,730.25	$1,563.09	$665.27
BLUE SHIELD ACCESS	**HMO**									
E70	**SELF**	1	$1,116.01	$142.16	$25.00	$1,283.17	$665.27	$617.90	$450.74	$665.27
D70	**SELF + 1 DEPENDENT**	2	$2,232.02	$142.16	$25.00	$2,399.18	$665.27	$1,733.91	$1,566.75	$665.27
F70	**SELF + DEPENDENTS**	3	$2,901.63	$142.16	$25.00	$3,068.79	$665.27	$2,403.52	$2,236.36	$665.27
BLUE SHIELD TRIO	**HMO PLAN**									
E70	**SELF**	1	$898.54	$142.16	$25.00	$1,065.70	$665.27	$400.43	$233.27	$665.27
D70	**SELF + 1 DEPENDENT**	2	$1,797.08	$142.16	$25.00	$1,964.24	$665.27	$1,298.97	$1,131.81	$665.27
F70	**SELF + DEPENDENTS**	3	$2,336.20	$142.16	$25.00	$2,503.36	$665.27	$1,838.09	$1,670.93	$665.27
PERS PLATINUM	**PPO 90/10**									
E70	**SELF**	1	$1,057.01	$142.16	$25.00	$1,224.17	$665.27	$558.90	$391.74	$665.27
D70	**SELF + 1 DEPENDENT**	2	$2,114.02	$142.16	$25.00	$2,281.18	$665.27	$1,615.91	$1,448.75	$665.27
F70	**SELF + DEPENDENTS**	3	$2,748.23	$142.16	$25.00	$2,915.39	$665.27	$2,250.12	$2,082.96	$665.27
PERS GOLD PPO	**PPO 80/20**									
E70	**SELF**	1	$701.23	$142.16	$25.00	$868.39	$665.27	$203.12	$35.96	$665.27
D70	**SELF + 1 DEPENDENT**	2	$1,402.46	$142.16	$25.00	$1,569.62	$665.27	$904.35	$737.19	$665.27
F70	**SELF + DEPENDENTS**	3	$1,823.20	$142.16	$25.00	$1,990.36	$665.27	$1,325.09	$1,157.93	$665.27
ANTHEM SELECT HMO	**HMO**									
E70	**SELF**	1	$1,015.81	$142.16	$25.00	$1,182.97	$665.27	$517.70	$350.54	$665.27
D70	**SELF + 1 DEPENDENT**	2	$2,031.62	$142.16	$25.00	$2,198.78	$665.27	$1,533.51	$1,366.35	$665.27
F70	**SELF + DEPENDENTS**	3	$2,641.11	$142.16	$25.00	$2,808.27	$665.27	$2,143.00	$1,975.84	$665.27
ANTHEM HMO TRADITIONAL	**HMO**									
E70	**SELF**	1	$1,304.00	$142.16	$25.00	$1,471.16	$665.27	$805.89	$638.73	$665.27
D70	**SELF + 1 DEPENDENT**	2	$2,608.00	$142.16	$25.00	$2,775.16	$665.27	$2,109.89	$1,942.73	$665.27
F70	**SELF + DEPENDENTS**	3	$3,390.40	$142.16	$25.00	$3,557.56	$665.27	$2,892.29	$2,725.13	$665.27

Lodi Unified School District

REGION 1
2022 MATRIX

0.85

LPPA 85% EMPLOYEES WITH 2022 CAPS

Rates effective with paychecks 12/31/21 to 11/30/22; Insurance Effective on 1/1/22

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
UNITED HEALTHCARE HMO	**HMO**									
E70	**SELF**	1	$1,020.28	$142.16	$25.00	$1,187.44	$665.27	$522.17	$355.01	$665.27
D70	**SELF + 1 DEPENDENT**	2	$2,040.56	$142.16	$25.00	$2,207.72	$665.27	$1,542.45	$1,375.29	$665.27
F70	**SELF + DEPENDENTS**	3	$2,652.73	$142.16	$25.00	$2,819.89	$665.27	$2,154.62	$1,987.46	$665.27
HEALTHNET - SMARTCARE HMO	**HMO**									
E70	**SELF**	1	$1,153.00	$142.16	$25.00	$1,320.16	$665.27	$654.89	$487.73	$665.27
D70	**SELF + 1 DEPENDENT**	2	$2,306.00	$142.16	$25.00	$2,473.16	$665.27	$1,807.89	$1,640.73	$665.27
F70	**SELF + DEPENDENTS**	3	$2,997.80	$142.16	$25.00	$3,164.96	$665.27	$2,499.69	$2,332.53	$665.27
WESTERN ADVANTAGE HEALTH	**HMO**									
E70	**SELF**	1	$741.26	$142.16	$25.00	$908.42	$665.27	$243.15	$75.99	$665.27
D70	**SELF + 1 DEPENDENT**	2	$1,482.52	$142.16	$25.00	$1,649.68	$665.27	$984.41	$817.25	$665.27
F70	**SELF + DEPENDENTS**	3	$1,927.28	$142.16	$25.00	$2,094.44	$665.27	$1,429.17	$1,262.01	$665.27

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.
**District contributions are subject to change due to on-going bargaining group negotiations.

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