

**MONTHLY EMPLOYEES**

**CalPERS Monthly Rates for Medical  
EFFECTIVE JANUARY 1, 2026 TO DECEMBER 31, 2026**

<b>REGION 3</b> Los Angeles, Riverside, San Bernardino
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The Districts' maximum contribution for monthly employees is \$2,417.99 for 2026.

<b>HEALTH MAINTENANCE ORGANIZATION (HMO) PLANS</b>			
MEDICAL PLAN	GROSS MONTHLY PREMIUM	DISTRICTS' CONTRIBUTION	EMPLOYEE COST*
<b>ANTHEM BLUE CROSS SELECT HMO</b>			
Employee Only	\$ 962.68	\$ 962.68	\$ 0.00
Employee and 1 dependent	1925.36	1925.36	0.00
Employee and 2 or more dependents	2502.97	2417.99	84.98
<b>ANTHEM BLUE CROSS TRADITIONAL HMO</b>			
Employee Only	1128.53	1128.53	0.00
Employee and 1 dependent	2257.06	2257.06	0.00
Employee and 2 or more dependents	2934.18	2417.99	516.19
<b>BLUE SHIELD ACCESS+ HMO</b>			
Employee Only	917.91	917.91	0.00
Employee and 1 dependent	1835.82	1835.82	0.00
Employee and 2 or more dependents	2386.57	2386.57	0.00
<b>BLUE SHIELD TRIO HMO</b>			
Employee Only	852.56	852.56	0.00
Employee and 1 dependent	1705.12	1705.12	0.00
Employee and 2 or more dependents	2216.66	2216.66	0.00
<b>HEALTH NET SALUD Y MAS HMO</b>			
Employee Only	740.11	740.11	0.00
Employee and 1 dependent	1480.22	1480.22	0.00
Employee and 2 or more dependents	1924.29	1924.29	0.00
<b>KAISER PERMANENTE HMO</b>			
Employee Only	969.05	969.05	0.00
Employee and 1 dependent	1938.10	1938.10	0.00
Employee and 2 or more dependents	2519.53	2417.99	101.54
<b>UNITEDHEALTHCARE ALLIANCE HMO</b>			
Employee Only	870.76	870.76	0.00
Employee and 1 dependent	1741.52	1741.52	0.00
Employee and 2 or more dependents	2263.98	2263.98	0.00
<b>UNITEDHEALTHCARE HARMONY HMO</b>			
Employee Only	765.51	765.51	0.00
Employee and 1 dependent	1531.02	1531.02	0.00
Employee and 2 or more dependents	1990.33	1990.33	0.00

<b>INDEMNITY or PREFERRED PROVIDER ORGANIZATION (PPO) PLANS</b>			
MEDICAL PLAN	GROSS MONTHLY PREMIUM	DISTRICTS' CONTRIBUTION	EMPLOYEE COST*
<b>PERS GOLD PPO (BLUE SHIELD)</b>			
Employee Only	\$ 960.03	\$ 960.03	\$ 0.00
Employee and 1 dependent	1920.06	1920.06	0.00
Employee and 2 or more dependents	2496.08	2417.99	78.09
<b>PERS PLATINUM PPO (BLUE SHIELD)</b>			
Employee Only	1431.81	1431.81	0.00
Employee and 1 dependent	2863.62	2417.99	445.63
Employee and 2 or more dependents	3722.71	2417.99	1304.72

\*EMPLOYEE COST is a pre-tax deduction.

Contact Employee Benefits during Open Enrollment to opt-out of pre-tax insurance deductions.

**MONTHLY EMPLOYEES**  
**CalPERS Monthly Rates for Medical**  
**EFFECTIVE JANUARY 1, 2026 TO DECEMBER 31, 2026**

**REGION 2**

Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare and Ventura

The Districts' maximum contribution for monthly employees is \$2,417.99 for 2026.

**EXCLUSIVE PROVIDER ORGANIZATION (EPO) PLANS**

MEDICAL PLAN	GROSS MONTHLY PREMIUM	DISTRICTS' CONTRIBUTION	EMPLOYEE COST*
<b>BLUE SHIELD ACCESS+ EPO</b> (Inyo County Only)			
Employee Only	\$ 1052.89	\$ 1052.89	\$ 0.00
Employee and 1 dependent	2105.78	2105.78	0.00
Employee and 2 or more dependents	2737.51	2417.99	319.52

**HEALTH MAINTENANCE ORGANIZATION (HMO) PLANS**

MEDICAL PLAN	GROSS MONTHLY PREMIUM	DISTRICTS' CONTRIBUTION	EMPLOYEE COST*
<b>ANTHEM BLUE CROSS SELECT HMO</b>			
Employee Only	\$ 1016.32	\$ 1016.32	\$ 0.00
Employee and 1 dependent	2032.64	2032.64	0.00
Employee and 2 or more dependents	2642.43	2417.99	224.44
<b>ANTHEM BLUE CROSS TRADITIONAL HMO</b>			
Employee Only	1158.26	1158.26	0.00
Employee and 1 dependent	2316.52	2316.52	0.00
Employee and 2 or more dependents	3011.48	2417.99	593.49
<b>BLUE SHIELD ACCESS+ HMO</b>			
Employee Only	1052.89	1052.89	0.00
Employee and 1 dependent	2105.78	2105.78	0.00
Employee and 2 or more dependents	2737.51	2417.99	319.52
<b>BLUE SHIELD TRIO HMO</b> (Kern, Kings, Orange, San Luis Obispo, Santa Barbara, Tulare, Ventura Counties only)			
Employee Only	936.58	936.58	0.00
Employee and 1 dependent	1873.16	1873.16	0.00
Employee and 2 or more dependents	2435.11	2417.99	17.12
<b>HEALTH NET SALUD Y MAS HMO</b>			
Employee Only	879.57	879.57	0.00
Employee and 1 dependent	1759.14	1759.14	0.00
Employee and 2 or more dependents	2286.88	2286.88	0.00
<b>KAISER PERMANENTE HMO</b>			
Employee Only	987.69	987.69	0.00
Employee and 1 dependent	1975.38	1975.38	0.00
Employee and 2 or more dependents	2567.99	2417.99	150.00
<b>SHARP PERFORMANCE PLUS HMO</b> (San Diego County Only)			
Employee Only	916.20	916.20	0.00
Employee and 1 dependent	1832.40	1832.40	0.00
Employee and 2 or more dependents	2382.12	2382.12	0.00
<b>UNITEDHEALTHCARE ALLIANCE HMO</b>			
Employee Only	950.99	950.99	0.00
Employee and 1 dependent	1901.98	1901.98	0.00
Employee and 2 or more dependents	2472.57	2417.99	54.58
<b>UNITEDHEALTHCARE HARMONY HMO</b> (Orange and San Diego counties only)			
Employee Only	857.14	857.14	0.00
Employee and 1 dependent	1714.28	1714.28	0.00
Employee and 2 or more dependents	2228.56	2228.56	0.00

**INDEMNITY or PREFERRED PROVIDER ORGANIZATION (PPO) PLANS**

MEDICAL PLAN	GROSS MONTHLY PREMIUM	DISTRICTS' CONTRIBUTION	EMPLOYEE COST*
<b>PERS GOLD PPO (BLUE SHIELD)</b>			
Employee Only	\$ 956.28	\$ 956.28	\$ 0.00
Employee and 1 dependent	1912.56	1912.56	0.00
Employee and 2 or more dependents	2486.33	2417.99	68.34
<b>PERS PLATINUM PPO (BLUE SHIELD)</b>			
Employee Only	1426.24	1426.24	0.00
Employee and 1 dependent	2852.48	2417.99	434.49
Employee and 2 or more dependents	3708.22	2417.99	1290.23

\*EMPLOYEE COST is a pre-tax deduction.

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