

**Vallejo City Unified School District
2024 Cobra Rates**

COBRA Participants are responsible for 102% of the Health Premium Rate

Benefit Plan	Plan Type	2024 Monthly Premium
Anthem Select HMO (Not Available in Solano County)	Single	\$1,161.64
Anthem Select HMO (Not Available in Solano County)	Single + 1	\$2,323.27
Anthem Select HMO (Not Available in Solano County)	Family	\$3,020.26
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Anthem Blue Cross Traditional HMO	Single	\$1,366.49
Anthem Blue Cross Traditional HMO	Single + 1	\$2,732.99
Anthem Blue Cross Traditional HMO	Family	\$3,552.88
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Blue Shield Access+ HMO (Not Available in The Bay Area)	Single	\$1,098.38
Blue Shield Access+ HMO (Not Available in The Bay Area)	Single + 1	\$2,196.75
Blue Shield Access+ HMO (Not Available in The Bay Area)	Family	\$2,855.78
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Kaiser Permanente HMO	Single	\$1,041.84
Kaiser Permanente HMO	Single + 1	\$2,083.68
Kaiser Permanente HMO	Family	\$2,708.78
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UnitedHealthcare SignatureValue Alliance (Not Available in The Bay Area)	Single	\$1,112.95
UnitedHealthcare SignatureValue Alliance (Not Available in The Bay Area)	Single + 1	\$2,225.91
UnitedHealthcare SignatureValue Alliance (Not Available in The Bay Area)	Family	\$2,893.68
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Western Health Advantage	Single	\$823.37
Western Health Advantage	Single + 1	\$1,646.75
Western Health Advantage	Family	\$2,140.78
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PERS Platinum - Anthem Blue Cross PPO	Single	\$1,340.56
PERS Platinum - Anthem Blue Cross PPO	Single + 1	\$2,681.11
PERS Platinum - Anthem Blue Cross PPO	Family	\$3,485.44
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PERS Gold - Anthem Blue Cross PPO	Single	\$933.12
PERS Gold - Anthem Blue Cross PPO	Single + 1	\$1,866.23
PERS Gold - Anthem Blue Cross PPO	Family	\$2,426.10
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Delta Dental Premier Incentive Plan - High Plan	Single	\$63.39
Delta Dental Premier Incentive Plan - High Plan	Single + 1	\$116.30
Delta Dental Premier Incentive Plan - High Plan	Family	\$179.34
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Delta Dental Premier Incentive Plan - Retiree	Single	\$61.15
Delta Dental Premier Incentive Plan - Retiree	Single + 1	\$122.47
Delta Dental Premier Incentive Plan - Retiree	Family	\$164.26
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Vision Service Plan - VSP	Single	\$7.51
Vision Service Plan - VSP	Single + 1	\$10.69
Vision Service Plan - VSP	Family	\$18.55