

VALLEJO CITY UNIFIED SCHOOL DISTRICT

BENEFITS OPTIONS & RATES 2023-2024 ADMINISTRATORS

		A	B	C	D	E	F	G	
Benefit Category	Row	Benefit Plan	Plan Type	2023-24 Monthly Premium	Employer (VCUSD) Rate	2023-24 Employee Rate 12-Month	2023-24 Employee Rate 11-Month	2023-24 Employee Rate 10-Month	
						C - D	(E * 12)/11	(E * 12)/10	
MEDICAL	1	Anthem Blue Cross Select HMO (Not Available in Solano County)	Single	1,138.86	500.00	638.86	696.94	766.63	
	2	Anthem Blue Cross Select HMO (Not Available in Solano County)	Single + 1	2,277.72	753.07	1,524.65	1,663.25	1,829.58	
	3	Anthem Blue Cross Select HMO (Not Available in Solano County)	Family	2,961.04	978.99	1,982.05	2,162.24	2,378.46	
	4	Anthem Blue Cross Traditional HMO	Single	1,339.70	500.00	839.70	916.04	1,007.64	
	5	Anthem Blue Cross Traditional HMO	Single + 1	2,679.40	753.07	1,926.33	2,101.45	2,311.60	
	6	Anthem Blue Cross Traditional HMO	Family	3,483.22	978.99	2,504.23	2,731.89	3,005.08	
	7	Blue Shield Access+ HMO (Not Available in The Bay Area)	Single	1,076.84	500.00	576.84	629.28	692.21	
	8	Blue Shield Access+ HMO (Not Available in The Bay Area)	Single + 1	2,153.68	753.07	1,400.61	1,527.94	1,680.73	
	9	Blue Shield Access+ HMO (Not Available in The Bay Area)	Family	2,799.78	978.99	1,820.79	1,986.32	2,184.95	
	13	Kaiser Permanente HMO	Single	1,021.41	500.00	521.41	568.81	625.69	
	14	Kaiser Permanente HMO	Single + 1	2,042.82	753.07	1,289.75	1,407.00	1,547.70	
	15	Kaiser Permanente HMO	Family	2,655.67	978.99	1,676.68	1,829.11	2,012.02	
	16	United Healthcare SignatureValue Alliance	Single	1,091.13	500.00	591.13	644.87	709.36	
	17	United Healthcare SignatureValue Alliance	Single + 1	2,182.26	753.07	1,429.19	1,559.12	1,715.03	
	18	United Healthcare SignatureValue Alliance	Family	2,836.94	978.99	1,857.95	2,026.85	2,229.54	
	19	Western Health Advantage	Single	807.23	500.00	307.23	335.16	368.68	
	20	Western Health Advantage	Single + 1	1,614.46	753.07	861.39	939.70	1,033.67	
	21	Western Health Advantage	Family	2,098.80	978.99	1,119.81	1,221.61	1,343.77	
	22	PERS Platinum - Anthem Blue Cross PPO	Single	1,314.27	500.00	814.27	888.29	977.12	
	23	PERS Platinum - Anthem Blue Cross PPO	Single + 1	2,628.54	753.07	1,875.47	2,045.97	2,250.56	
	24	PERS Platinum - Anthem Blue Cross PPO	Family	3,417.10	978.99	2,438.11	2,659.76	2,925.73	
	25	PERS Gold - Anthem Blue Cross PPO	Single	914.82	500.00	414.82	452.53	497.78	
	26	PERS Gold - Anthem Blue Cross PPO	Single + 1	1,829.64	753.07	1,076.57	1,174.44	1,291.88	
	27	PERS Gold - Anthem Blue Cross PPO	Family	2,378.53	978.99	1,399.54	1,526.77	1,679.45	
	DENTAL	28	Delta Dental PPO - High Plan \$2000/\$2200 with Orthodontics	Single	62.15	62.15	0.00	0.00	0.00
		29	Delta Dental PPO - High Plan \$2000/\$2200 with Orthodontics	Single + 1	114.02	114.02	0.00	0.00	0.00
		30	Delta Dental PPO - High Plan \$2000/\$2200 with Orthodontics	Family	175.82	175.82	0.00	0.00	0.00
VISION	31	Vision Service Plan	Single	7.36	7.36	0.00	0.00	0.00	
	32	Vision Service Plan	Single + 1	10.48	10.48	0.00	0.00	0.00	
	33	Vision Service Plan	Family	18.19	18.19	0.00	0.00	0.00	