

# VALLEJO CITY UNIFIED SCHOOL DISTRICT

## BENEFITS OPTIONS & RATES 2023-2024 CLASSIFIED (NON-CREDENTIALALED)

		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
<b>MEDICAL</b>	1	Anthem Blue Cross Select HMO (Not Available in Solano County)	Single	1,138.86	730.99	407.87	444.95	489.44
	2	Anthem Blue Cross Select HMO (Not Available in Solano County)	Single + 1	2,277.72	1,461.98	815.74	889.90	978.89
	3	Anthem Blue Cross Select HMO (Not Available in Solano County)	Family	2,961.04	1,900.58	1,060.46	1,156.87	1,272.55
	4	Anthem Blue Cross Traditional HMO	Single	1,339.70	730.99	608.71	664.05	730.45
	5	Anthem Blue Cross Traditional HMO	Single + 1	2,679.40	1,461.98	1,217.42	1,328.09	1,460.90
	6	Anthem Blue Cross Traditional HMO	Family	3,483.22	1,900.58	1,582.64	1,726.52	1,899.17
	7	Blue Shield Access + HMO (Not Available in The Bay Area)	Single	1,076.84	730.99	345.85	377.29	415.02
	8	Blue Shield Access + HMO (Not Available in The Bay Area)	Single + 1	2,153.68	1,461.98	691.70	754.58	830.04
	9	Blue Shield Access + HMO (Not Available in The Bay Area)	Family	2,799.78	1,900.58	899.20	980.95	1,079.04
	10	Kaiser Permanente HMO	Single	1,021.41	730.99	290.42	316.82	348.50
	11	Kaiser Permanente HMO	Single + 1	2,042.82	1,461.98	580.84	633.64	697.01
	12	Kaiser Permanente HMO	Family	2,655.67	1,900.58	755.09	823.73	906.11
	13	United Healthcare SignatureValue Alliance	Single	1,091.13	730.99	360.14	392.88	432.17
	14	United Healthcare SignatureValue Alliance	Single + 1	2,182.26	1,461.98	720.28	785.76	864.34
	15	United Healthcare SignatureValue Alliance	Family	2,836.94	1,900.58	936.36	1,021.48	1,123.63
	16	Western Health Advantage	Single	807.23	730.99	76.24	83.17	91.49
	17	Western Health Advantage	Single + 1	1,614.46	1,461.98	152.48	166.34	182.98
	18	Western Health Advantage	Family	2,098.80	1,900.58	198.22	216.24	237.86
	19	PERS Platinum - Anthem Blue Cross PPO	Single	1,314.27	730.99	583.28	636.31	699.94
	20	PERS Platinum - Anthem Blue Cross PPO	Single + 1	2,628.54	1,461.98	1,166.56	1,272.61	1,399.87
	21	PERS Platinum - Anthem Blue Cross PPO	Family	3,417.10	1,900.58	1,516.52	1,654.39	1,819.82
	22	PERS Gold - Anthem Blue Cross PPO	Single	914.82	730.99	183.83	200.54	220.60
	23	PERS Gold - Anthem Blue Cross PPO	Single + 1	1,829.64	1,461.98	367.66	401.08	441.19
	24	PERS Gold - Anthem Blue Cross PPO	Family	2,378.53	1,900.58	477.95	521.40	573.54
<b>DENTAL</b>	25	Delta Dental PPO - High Plan \$2000/\$2200 with Orthodontics	Single	62.15	62.15	0.00	0.00	0.00
	26	Delta Dental PPO - High Plan \$2000/\$2200 with Orthodontics	Single + 1	114.02	114.02	0.00	0.00	0.00
	27	Delta Dental PPO - High Plan \$2000/\$2200 with Orthodontics	Family	175.82	175.82	0.00	0.00	0.00
<b>VISION</b>	28	Vision Service Plan	Single	7.36	7.36	0.00	0.00	0.00
	29	Vision Service Plan	Single + 1	10.48	10.48	0.00	0.00	0.00
	30	Vision Service Plan	Family	18.19	18.19	0.00	0.00	0.00