

VALLEJO CITY UNIFIED SCHOOL DISTRICT

BENEFITS OPTIONS & RATES 2023-2024 CERTIFICATED

		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	916.67	222.19	242.39	266.63
	2	Anthem Blue Cross Select HMO (Not Available in Solano County)	Single + 1	2,277.72	1,083.33	1,194.39	1,302.97	1,433.27
	3	Anthem Blue Cross Select HMO (Not Available in Solano County)	Family	2,961.04	1,312.50	1,648.54	1,798.41	1,978.25
	4	Anthem Blue Cross Traditional HMO	Single	1,339.70	916.67	423.03	461.49	507.64
	5	Anthem Blue Cross Traditional HMO	Single + 1	2,679.40	1,083.33	1,596.07	1,741.17	1,915.28
	6	Anthem Blue Cross Traditional HMO	Family	3,483.22	1,312.50	2,170.72	2,368.06	2,604.86
	7	Blue Shield Access + HMO (Not Available in The Bay Area)	Single	1,076.84	916.67	160.17	174.73	192.20
	8	Blue Shield Access + HMO (Not Available in The Bay Area)	Single + 1	2,153.68	1,083.33	1,070.35	1,167.65	1,284.42
	9	Blue Shield Access + HMO (Not Available in The Bay Area)	Family	2,799.78	1,312.50	1,487.28	1,622.49	1,784.74
	10	Kaiser Permanente HMO	Single	1,021.41	916.67	104.74	114.26	125.69
	11	Kaiser Permanente HMO	Single + 1	2,042.82	1,083.33	959.49	1,046.72	1,151.39
	12	Kaiser Permanente HMO	Family	2,655.67	1,312.50	1,343.17	1,465.28	1,611.80
	13	United Healthcare SignatureValue Alliance	Single	1,091.13	916.67	174.46	190.32	209.35
	14	United Healthcare SignatureValue Alliance	Single + 1	2,182.26	1,083.33	1,098.93	1,198.83	1,318.72
	15	United Healthcare SignatureValue Alliance	Family	2,836.94	1,312.50	1,524.44	1,663.03	1,829.33
	16	Western Health Advantage	Single	807.23	760.16	47.07	51.35	56.48
	17	Western Health Advantage	Single + 1	1,614.46	1,083.33	531.13	579.41	637.36
	18	Western Health Advantage	Family	2,098.80	1,312.50	786.30	857.78	943.56
	19	PERS Platinum - Anthem Blue Cross PPO	Single	1,314.27	916.67	397.60	433.75	477.12
	20	PERS Platinum - Anthem Blue Cross PPO	Single + 1	2,628.54	1,083.33	1,545.21	1,685.68	1,854.25
	21	PERS Platinum - Anthem Blue Cross PPO	Family	3,417.10	1,312.50	2,104.60	2,295.93	2,525.52
	22	PERS Gold - Anthem Blue Cross PPO	Single	914.82	825.63	89.19	97.30	107.03
	23	PERS Gold - Anthem Blue Cross PPO	Single + 1	1,829.64	1,083.33	746.31	814.16	895.57
	24	PERS Gold - Anthem Blue Cross PPO	Family	2,378.53	1,312.50	1,066.03	1,162.94	1,279.24
DENTAL	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
VISION	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