

VALLEJO CITY UNIFIED SCHOOL DISTRICT
BENEFIT OPTIONS & RATES 2024-2025 CLASSIFIED (NON-CREDENTIALLED)

		A	B	C	D	E	F	G
Benefit Category	Row	Benefit Plan	Plan Type	2024-2025 Monthly Premium	Employer (VCUSD) Rate	2024-2025 Employee Rate 12-Month	2024-2025 Employee Rate 11-Month	2024-2025 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	1,256.65	730.99	525.66	573.45	630.79
	2	Anthem Blue Cross Select HMO (Not Available in Solano County)	Single + 1	2,513.30	1,461.98	1,051.32	1,146.89	1,261.58
	3	Anthem Blue Cross Select HMO (Not Available in Solano County)	Family	3,267.29	1,900.58	1,366.71	1,490.96	1,640.05
	4	Anthem Blue Cross Traditional HMO	Single	1,500.40	730.99	769.41	839.36	923.29
	5	Anthem Blue Cross Traditional HMO	Single + 1	3,000.80	1,461.98	1,538.82	1,678.71	1,846.58
	6	Anthem Blue Cross Traditional HMO	Family	3,901.04	1,900.58	2,000.46	2,182.32	2,400.55
	7	Blue Shield Access+ HMO	Single	1,170.17	730.99	439.18	479.11	527.02
	8	Blue Shield Access+ HMO	Single + 1	2,340.34	1,461.98	878.36	958.21	1,054.03
	9	Blue Shield Access+ HMO	Family	3,042.44	1,900.58	1,141.86	1,245.67	1,370.23
	10	Kaiser Permanente HMO	Single	1,112.90	730.99	381.91	416.63	458.29
	11	Kaiser Permanente HMO	Single + 1	2,225.80	1,461.98	763.82	833.26	916.58
	12	Kaiser Permanente HMO	Family	2,893.54	1,900.58	992.96	1,083.23	1,191.55
	13	United Healthcare SignatureValue Alliance	Single	1,184.58	730.99	453.59	494.83	544.31
	14	United Healthcare SignatureValue Alliance	Single + 1	2,369.16	1,461.98	907.18	989.65	1,088.62
	15	United Healthcare SignatureValue Alliance	Family	3,079.91	1,900.58	1,179.33	1,286.54	1,415.20
	16	Western Health Advantage	Single	914.27	730.99	183.28	199.94	219.94
	17	Western Health Advantage	Single + 1	1,828.54	1,461.98	366.56	398.88	439.87
	18	Western Health Advantage	Family	2,377.10	1,900.58	476.52	519.84	571.82
	19	PERS Platinum - Anthem Blue Cross PPO	Single	1,476.10	730.99	745.11	812.85	894.13
	20	PERS Platinum - Anthem Blue Cross PPO	Single + 1	2,952.20	1,461.98	1,490.22	1,625.69	1,788.26
	21	PERS Platinum - Anthem Blue Cross PPO	Family	3,837.86	1,900.58	1,937.28	2,113.40	2,324.74
	22	PERS Gold - Anthem Blue Cross PPO	Single	1,013.70	730.99	282.71	308.41	339.25
	23	PERS Gold - Anthem Blue Cross PPO	Single + 1	2,027.40	1,461.98	565.42	616.82	678.50
	24	PERS Gold - Anthem Blue Cross PPO	Family	2,635.62	1,900.58	735.04	801.86	882.05
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