

VALLEJO CITY UNIFIED SCHOOL DISTRICT
BENEFIT OPTIONS & RATES 2024-2025 CERTIFICATED

		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	916.67	339.98	370.89	407.98
	2	Anthem Blue Cross Select HMO (Not Available in Solano County)	Single + 1	2,513.30	1,083.33	1,429.97	1,559.97	1,715.96
	3	Anthem Blue Cross Select HMO (Not Available in Solano County)	Family	3,267.29	1,312.50	1,954.79	2,132.50	2,345.75
	4	Anthem Blue Cross Traditional HMO	Single	1,500.40	916.67	583.73	636.80	700.48
	5	Anthem Blue Cross Traditional HMO	Single + 1	3,000.80	1,083.33	1,917.47	2,091.79	2,300.96
	6	Anthem Blue Cross Traditional HMO	Family	3,901.04	1,312.50	2,588.54	2,823.86	3,106.25
	7	Blue Shield Access+ HMO	Single	1,170.17	916.67	253.50	276.55	304.20
	8	Blue Shield Access+ HMO	Single + 1	2,340.34	1,083.33	1,257.01	1,371.28	1,508.41
	9	Blue Shield Access+ HMO	Family	3,042.44	1,312.50	1,729.94	1,887.21	2,075.93
	10	Kaiser Permanente HMO	Single	1,112.90	916.67	196.23	214.07	235.48
	11	Kaiser Permanente HMO	Single + 1	2,225.80	1,083.33	1,142.47	1,246.33	1,370.96
	12	Kaiser Permanente HMO	Family	2,893.54	1,312.50	1,581.04	1,724.77	1,897.25
	13	United Healthcare SignatureValue Alliance	Single	1,184.58	916.67	267.91	292.27	321.49
	14	United Healthcare SignatureValue Alliance	Single + 1	2,369.16	1,083.33	1,285.83	1,402.72	1,543.00
	15	United Healthcare SignatureValue Alliance	Family	3,079.91	1,312.50	1,767.41	1,928.08	2,120.89
	16	Western Health Advantage	Single	914.27	916.67	0.00	0.00	0.00
	17	Western Health Advantage	Single + 1	1,828.54	1,083.33	745.21	812.96	894.25
	18	Western Health Advantage	Family	2,377.10	1,312.50	1,064.60	1,161.38	1,277.52
	19	PERS Platinum - Anthem Blue Cross PPO	Single	1,476.10	916.67	559.43	610.29	671.32
	20	PERS Platinum - Anthem Blue Cross PPO	Single + 1	2,952.20	1,083.33	1,868.87	2,038.77	2,242.64
	21	PERS Platinum - Anthem Blue Cross PPO	Family	3,837.86	1,312.50	2,525.36	2,754.94	3,030.43
	22	PERS Gold - Anthem Blue Cross PPO	Single	1,013.70	916.67	97.03	105.85	116.44
	23	PERS Gold - Anthem Blue Cross PPO	Single + 1	2,027.40	1,083.33	944.07	1,029.89	1,132.88
	24	PERS Gold - Anthem Blue Cross PPO	Family	2,635.62	1,312.50	1,323.12	1,443.40	1,587.74
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