

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

		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	500.00	756.65	825.44	907.98
	2	Anthem Blue Cross Select HMO (Not Available in Solano County)	Single + 1	2,513.30	753.07	1,760.23	1,920.25	2,112.28
	3	Anthem Blue Cross Select HMO (Not Available in Solano County)	Family	3,267.29	978.99	2,288.30	2,496.33	2,745.96
	4	Anthem Blue Cross Traditional HMO	Single	1,500.40	500.00	1,000.40	1,091.35	1,200.48
	5	Anthem Blue Cross Traditional HMO	Single + 1	3,000.80	753.07	2,247.73	2,452.07	2,697.28
	6	Anthem Blue Cross Traditional HMO	Family	3,901.04	978.99	2,922.05	3,187.69	3,506.46
	7	Blue Shield Access+ HMO	Single	1,170.17	500.00	670.17	731.09	804.20
	8	Blue Shield Access+ HMO	Single + 1	2,340.34	753.07	1,587.27	1,731.57	1,904.72
	9	Blue Shield Access+ HMO	Family	3,042.44	978.99	2,063.45	2,251.04	2,476.14
	10	Kaiser Permanente HMO	Single	1,112.90	500.00	612.90	668.62	735.48
	11	Kaiser Permanente HMO	Single + 1	2,225.80	753.07	1,472.73	1,606.61	1,767.28
	12	Kaiser Permanente HMO	Family	2,893.54	978.99	1,914.55	2,088.60	2,297.46
	13	United Healthcare SignatureValue Alliance	Single	1,184.58	500.00	684.58	746.81	821.50
	14	United Healthcare SignatureValue Alliance	Single + 1	2,369.16	753.07	1,616.09	1,763.01	1,939.31
	15	United Healthcare SignatureValue Alliance	Family	3,079.91	978.99	2,100.92	2,291.91	2,521.10
	16	Western Health Advantage	Single	914.27	500.00	414.27	451.93	497.12
	17	Western Health Advantage	Single + 1	1,828.54	753.07	1,075.47	1,173.24	1,290.56
	18	Western Health Advantage	Family	2,377.10	978.99	1,398.11	1,525.21	1,677.73
	19	PERS Platinum - Anthem Blue Cross PPO	Single	1,476.10	500.00	976.10	1,064.84	1,171.32
	20	PERS Platinum - Anthem Blue Cross PPO	Single + 1	2,952.20	753.07	2,199.13	2,399.05	2,638.96
	21	PERS Platinum - Anthem Blue Cross PPO	Family	3,837.86	978.99	2,858.87	3,118.77	3,430.64
	22	PERS Gold - Anthem Blue Cross PPO	Single	1,013.70	500.00	513.70	560.40	616.44
	23	PERS Gold - Anthem Blue Cross PPO	Single + 1	2,027.40	753.07	1,274.33	1,390.18	1,529.20
	24	PERS Gold - Anthem Blue Cross PPO	Family	2,635.62	978.99	1,656.63	1,807.23	1,987.96
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