VALLEJO CITY UNIFIED SCHOOL DISTRICT

2026 BENEFIT OPTIONS & RATES (CERTIFICATED)

		A	B	C	D	E	F	G
Benefit Category	**Row**	**Benefit Plan**	**Plan Type**	**2026 Monthly Premium**	**Employer (VCUSD) Rate**	**2026 Employee Rate 12-Month**	**2026 Employee Rate 11-Month**	**2026 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	$1,336.29	$1,336.29	$0.00	$0.00	$0.00
	2	Anthem Blue Cross Select HMO (Not available in Solano County)	Single + 1	$2,672.58	$1,583.33	$1,089.25	$1,188.27	$1,307.10
	3	Anthem Blue Cross Select HMO (Not available in Solano County)	Family	$3,474.35	$1,812.50	$1,661.85	$1,812.93	$1,994.22
	4	Anthem Blue Cross Traditional HMO	Single	$1,612.08	$1,416.67	$195.41	$213.17	$234.49
	5	Anthem Blue Cross Traditional HMO	Single + 1	$3,224.16	$1,583.33	$1,640.83	$1,790.00	$1,969.00
	6	Anthem Blue Cross Traditional HMO	Family	$4,191.41	$1,812.50	$2,378.91	$2,595.17	$2,854.69
	7	Blue Shield Access+ HMO	Single	$1,301.95	$1,301.95	$0.00	$0.00	$0.00
	8	Blue Shield Access+ HMO	Single + 1	$2,603.90	$1,583.33	$1,020.57	$1,113.35	$1,224.68
	9	Blue Shield Access+ HMO	Family	$3,385.07	$1,812.50	$1,572.57	$1,715.53	$1,887.08
	10	Kaiser Permanente HMO	Single	$1,168.86	$1,168.86	$0.00	$0.00	$0.00
	11	Kaiser Permanente HMO	Single + 1	$2,337.72	$1,583.33	$754.39	$822.97	$905.27
	12	Kaiser Permanente HMO	Family	$3,039.04	$1,812.50	$1,226.54	$1,338.04	$1,471.85
	13	United Healthcare SignatureValue Alliance HMO	Single	$1,290.06	$1,290.06	$0.00	$0.00	$0.00
	14	United Healthcare SignatureValue Alliance HMO	Single + 1	$2,580.12	$1,583.33	$996.79	$1,087.41	$1,196.15
	15	United Healthcare SignatureValue Alliance HMO	Family	$3,354.16	$1,812.50	$1,541.66	$1,681.81	$1,849.99
	16	Western Health Advantage HMO	Single	$969.58	$969.58	$0.00	$0.00	$0.00
	17	Western Health Advantage HMO	Single + 1	$1,939.16	$1,583.33	$355.83	$388.18	$427.00
	18	Western Health Advantage HMO	Family	$2,520.91	$1,812.50	$708.41	$772.81	$850.09
	19	PERS Platinum - Blue Shield of California PPO	Single	$1,670.14	$1,416.67	$253.47	$276.51	$304.16
	20	PERS Platinum - Blue Shield of California PPO	Single + 1	$3,340.28	$1,583.33	$1,756.95	$1,916.67	$2,108.34
	21	PERS Platinum - Blue Shield of California PPO	Family	$4,342.36	$1,812.50	$2,529.86	$2,759.85	$3,035.83
	22	PERS Gold - Blue Shield of California PPO	Single	$1,120.58	$1,120.58	$0.00	$0.00	$0.00
	23	PERS Gold - Blue Shield of California PPO	Single + 1	$2,241.16	$1,583.33	$657.83	$717.63	$789.40
	24	PERS Gold - Blue Shield of California PPO	Family	$2,913.51	$1,812.50	$1,101.01	$1,201.10	$1,321.21
DENTAL	25	Delta Dental PPO - High Plan $2000/$2200 with Orthodontics	Single	$55.93	$55.93	$0.00	$0.00	$0.00
	26	Delta Dental PPO - High Plan $2000/$2200 with Orthodontics	Single + 1	$102.61	$102.61	$0.00	$0.00	$0.00
	27	Delta Dental PPO - High Plan $2000/$2200 with Orthodontics	Family	$158.24	$158.24	$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