VALLEJO CITY UNIFIED SCHOOL DISTRICT

2026 BENEFIT OPTIONS & RATES CLASSIFIED (NON-CREDENTIALED)

		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	$1,230.99	$105.30	$114.87	$126.36
	2	Anthem Blue Cross Select HMO (Not available in Solano County)	Single + 1	$2,672.58	$1,961.98	$710.60	$775.20	$852.72
	3	Anthem Blue Cross Select HMO (Not available in Solano County)	Family	$3,474.35	$2,400.58	$1,073.77	$1,171.39	$1,288.52
	4	Anthem Blue Cross Traditional HMO	Single	$1,612.08	$1,230.99	$381.09	$415.73	$457.31
	5	Anthem Blue Cross Traditional HMO	Single + 1	$3,224.16	$1,961.98	$1,262.18	$1,376.92	$1,514.62
	6	Anthem Blue Cross Traditional HMO	Family	$4,191.41	$2,400.58	$1,790.83	$1,953.63	$2,149.00
	7	Blue Shield Access+ HMO	Single	$1,301.95	$1,230.99	$70.96	$77.41	$85.15
	8	Blue Shield Access+ HMO	Single + 1	$2,603.90	$1,961.98	$641.92	$700.28	$770.30
	9	Blue Shield Access+ HMO	Family	$3,385.07	$2,400.58	$984.49	$1,073.99	$1,181.39
	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	$1,961.98	$375.74	$409.90	$450.89
	12	Kaiser Permanente HMO	Family	$3,039.04	$2,400.58	$638.46	$696.50	$766.15
	13	United Healthcare SignatureValue Alliance HMO	Single	$1,290.06	$1,230.99	$59.07	$64.44	$70.88
	14	United Healthcare SignatureValue Alliance HMO	Single + 1	$2,580.12	$1,961.98	$618.14	$674.33	$741.77
	15	United Healthcare SignatureValue Alliance HMO	Family	$3,354.16	$2,400.58	$953.58	$1,040.27	$1,144.30
	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	$1,939.16	$0.00	$0.00	$0.00
	18	Western Health Advantage HMO	Family	$2,520.91	$2,400.58	$120.33	$131.27	$144.40
	19	PERS Platinum - Blue Shield of California PPO	Single	$1,670.14	$1,230.99	$439.15	$479.07	$526.98
	20	PERS Platinum - Blue Shield of California PPO	Single + 1	$3,340.28	$1,961.98	$1,378.30	$1,503.60	$1,653.96
	21	PERS Platinum - Blue Shield of California PPO	Family	$4,342.36	$2,400.58	$1,941.78	$2,118.31	$2,330.14
	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	$1,961.98	$279.18	$304.56	$335.02
	24	PERS Gold - Blue Shield of California PPO	Family	$2,913.51	$2,400.58	$512.93	$559.56	$615.52
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