VALLEJO CITY UNIFIED SCHOOL DISTRICT

2026 BENEFIT OPTIONS & RATES (ADMINISTRATORS)

		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	$1,000.00	$336.29	$366.86	$403.55
	2	Anthem Blue Cross Select HMO (Not available in Solano County)	Single + 1	$2,672.58	$1,253.07	$1,419.51	$1,548.56	$1,703.41
	3	Anthem Blue Cross Select HMO (Not available in Solano County)	Family	$3,474.35	$1,478.99	$1,995.36	$2,176.76	$2,394.43
	4	Anthem Blue Cross Traditional HMO	Single	$1,612.08	$1,000.00	$612.08	$667.72	$734.50
	5	Anthem Blue Cross Traditional HMO	Single + 1	$3,224.16	$1,253.07	$1,971.09	$2,150.28	$2,365.31
	6	Anthem Blue Cross Traditional HMO	Family	$4,191.41	$1,478.99	$2,712.42	$2,959.00	$3,254.90
	7	Blue Shield Access+ HMO	Single	$1,301.95	$1,000.00	$301.95	$329.40	$362.34
	8	Blue Shield Access+ HMO	Single + 1	$2,603.90	$1,253.07	$1,350.83	$1,473.63	$1,621.00
	9	Blue Shield Access+ HMO	Family	$3,385.07	$1,478.99	$1,906.08	$2,079.36	$2,287.30
	10	Kaiser Permanente HMO	Single	$1,168.86	$1,000.00	$168.86	$184.21	$202.63
	11	Kaiser Permanente HMO	Single + 1	$2,337.72	$1,253.07	$1,084.65	$1,183.25	$1,301.58
	12	Kaiser Permanente HMO	Family	$3,039.04	$1,478.99	$1,560.05	$1,701.87	$1,872.06
	13	United Healthcare SignatureValue Alliance HMO	Single	$1,290.06	$1,000.00	$290.06	$316.43	$348.07
	14	United Healthcare SignatureValue Alliance HMO	Single + 1	$2,580.12	$1,253.07	$1,327.05	$1,447.69	$1,592.46
	15	United Healthcare SignatureValue Alliance HMO	Family	$3,354.16	$1,478.99	$1,875.17	$2,045.64	$2,250.20
	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	$1,253.07	$686.09	$748.46	$823.31
	18	Western Health Advantage HMO	Family	$2,520.91	$1,478.99	$1,041.92	$1,136.64	$1,250.30
	19	PERS Platinum - Blue Shield of California PPO	Single	$1,670.14	$1,000.00	$670.14	$731.06	$804.17
	20	PERS Platinum - Blue Shield of California PPO	Single + 1	$3,340.28	$1,253.07	$2,087.21	$2,276.96	$2,504.65
	21	PERS Platinum - Blue Shield of California PPO	Family	$4,342.36	$1,478.99	$2,863.37	$3,123.68	$3,436.04
	22	PERS Gold - Blue Shield of California PPO	Single	$1,120.58	$1,000.00	$120.58	$131.54	$144.70
	23	PERS Gold - Blue Shield of California PPO	Single + 1	$2,241.16	$1,253.07	$988.09	$1,077.92	$1,185.71
	24	PERS Gold - Blue Shield of California PPO	Family	$2,913.51	$1,478.99	$1,434.52	$1,564.93	$1,721.42
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