VALLEJO CITY UNIFIED SCHOOL DISTRICT

2027 BENEFIT OPTIONS & RATES CLASSIFIED (NON-CREDENTIALED)

		A	B	C	D	E	F	G
Benefit Category	**Row**	**Benefit Plan**	**Plan Type**	**2027 Monthly Premium**	**Employer (VCUSD) Rate**	**2027 Employee Rate 12-Month**	**2027 Employee Rate 11-Month**	**2027 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	$1,486.44	$1,230.99	$255.45	$278.67	$306.54
	2	Anthem Blue Cross Select HMO (Not available in Solano County	Single + 1	$2,972.88	$1,961.98	$1,010.90	$1,102.80	$1,213.08
	3	Anthem Blue Cross Select HMO (Not available in Solano County	Family	$3,864.74	$2,400.58	$1,464.16	$1,597.27	$1,756.99
	4	Anthem Blue Cross Traditional HMO	Single	$1,732.52	$1,230.99	$501.53	$547.12	$601.84
	5	Anthem Blue Cross Traditional HMO	Single + 1	$3,465.04	$1,961.98	$1,503.06	$1,639.70	$1,803.67
	6	Anthem Blue Cross Traditional HMO	Family	$4,504.55	$2,400.58	$2,103.97	$2,295.24	$2,524.76
	7	Blue Shield Access+ HMO	Single	$1,479.12	$1,230.99	$248.13	$270.69	$297.76
	8	Blue Shield Access+ HMO	Single + 1	$2,958.24	$1,961.98	$996.26	$1,086.83	$1,195.51
	9	Blue Shield Access+ HMO	Family	$3,845.71	$2,400.58	$1,445.13	$1,576.51	$1,734.16
	10	Kaiser Permanente HMO	Single	$1,187.63	$1,187.63	$0.00	$0.00	$0.00
	11	Kaiser Permanente HMO	Single + 1	$2,375.26	$1,961.98	$413.28	$450.85	$495.94
	12	Kaiser Permanente HMO	Family	$3,087.84	$2,400.58	$687.26	$749.74	$824.71
	13	Sutter Health HMO	Single	$1,130.67	$1,130.67	$0.00	$0.00	$0.00
	14	Sutter Health HMO	Single + 1	$2,261.34	$1,961.98	$299.36	$326.57	$359.23
	15	Sutter Health HMO	Family	$2,939.74	$2,400.58	$539.16	$588.17	$646.99
	16	Western Health Advantage HMO	Single	$1,030.80	$1,030.80	$0.00	$0.00	$0.00
	17	Western Health Advantage HMO	Single + 1	$2,061.60	$1,961.98	$99.62	$108.68	$119.54
	18	Western Health Advantage HMO	Family	$2,680.08	$2,400.58	$279.50	$304.91	$335.40
	19	PERS Platinum - Blue Shield of California PPO	Single	$1,778.62	$1,230.99	$547.63	$597.41	$657.16
	20	PERS Platinum - Blue Shield of California PPO	Single + 1	$3,557.24	$1,961.98	$1,595.26	$1,740.28	$1,914.31
	21	PERS Platinum - Blue Shield of California PPO	Family	$4,624.41	$2,400.58	$2,223.83	$2,426.00	$2,668.60
	22	PERS Gold - Blue Shield of California PPO	Single	$1,215.17	$1,215.17	$0.00	$0.00	$0.00
	23	PERS Gold - Blue Shield of California PPO	Single + 1	$2,430.34	$1,961.98	$468.36	$510.94	$562.03
	24	PERS Gold - Blue Shield of California PPO	Family	$3,159.44	$2,400.58	$758.86	$827.85	$910.63
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