VALLEJO CITY UNIFIED SCHOOL DISTRICT

2027 BENEFIT OPTIONS & RATES (CERTIFICATED)

		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	$1,416.67	$69.77	$76.11	$83.72
	2	Anthem Blue Cross Select HMO (Not available in Solano County	Single + 1	$2,972.88	$1,583.33	$1,389.55	$1,515.87	$1,667.46
	3	Anthem Blue Cross Select HMO (Not available in Solano County	Family	$3,864.74	$1,812.50	$2,052.24	$2,238.81	$2,462.69
	4	Anthem Blue Cross Traditional HMO	Single	$1,732.52	$1,416.67	$315.85	$344.56	$379.02
	5	Anthem Blue Cross Traditional HMO	Single + 1	$3,465.04	$1,583.33	$1,881.71	$2,052.77	$2,258.05
	6	Anthem Blue Cross Traditional HMO	Family	$4,504.55	$1,812.50	$2,692.05	$2,936.78	$3,230.46
	7	Blue Shield Access+ HMO	Single	$1,479.12	$1,416.67	$62.45	$68.13	$74.94
	8	Blue Shield Access+ HMO	Single + 1	$2,958.24	$1,583.33	$1,374.91	$1,499.90	$1,649.89
	9	Blue Shield Access+ HMO	Family	$3,845.71	$1,812.50	$2,033.21	$2,218.05	$2,439.85
	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	$1,583.33	$791.93	$863.92	$950.32
	12	Kaiser Permanente HMO	Family	$3,087.84	$1,812.50	$1,275.34	$1,391.28	$1,530.41
	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	$1,583.33	$678.01	$739.65	$813.61
	15	Sutter Health HMO	Family	$2,939.74	$1,812.50	$1,127.24	$1,229.72	$1,352.69
	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	$1,583.33	$478.27	$521.75	$573.92
	18	Western Health Advantage HMO	Family	$2,680.08	$1,812.50	$867.58	$946.45	$1,041.10
	19	PERS Platinum - Blue Shield of California PPO	Single	$1,778.62	$1,416.67	$361.95	$394.85	$434.34
	20	PERS Platinum - Blue Shield of California PPO	Single + 1	$3,557.24	$1,583.33	$1,973.91	$2,153.36	$2,368.69
	21	PERS Platinum - Blue Shield of California PPO	Family	$4,624.41	$1,812.50	$2,811.91	$3,067.54	$3,374.29
	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	$1,583.33	$847.01	$924.01	$1,016.41
	24	PERS Gold - Blue Shield of California PPO	Family	$3,159.44	$1,812.50	$1,346.94	$1,469.39	$1,616.33
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