VALLEJO CITY UNIFIED SCHOOL DISTRICT

2027 BENEFIT OPTIONS & RATES (ADMINISTRATORS)

		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	$1,000.00	$486.44	$530.66	$583.73
	2	Anthem Blue Cross Select HMO (Not available in Solano County	Single + 1	$2,972.88	$1,253.07	$1,719.81	$1,876.16	$2,063.77
	3	Anthem Blue Cross Select HMO (Not available in Solano County	Family	$3,864.74	$1,478.99	$2,385.75	$2,602.64	$2,862.90
	4	Anthem Blue Cross Traditional HMO	Single	$1,732.52	$1,000.00	$732.52	$799.11	$879.02
	5	Anthem Blue Cross Traditional HMO	Single + 1	$3,465.04	$1,253.07	$2,211.97	$2,413.06	$2,654.36
	6	Anthem Blue Cross Traditional HMO	Family	$4,504.55	$1,478.99	$3,025.56	$3,300.61	$3,630.67
	7	Blue Shield Access+ HMO	Single	$1,479.12	$1,000.00	$479.12	$522.68	$574.94
	8	Blue Shield Access+ HMO	Single + 1	$2,958.24	$1,253.07	$1,705.17	$1,860.19	$2,046.20
	9	Blue Shield Access+ HMO	Family	$3,845.71	$1,478.99	$2,366.72	$2,581.88	$2,840.06
	10	Kaiser Permanente HMO	Single	$1,187.63	$1,000.00	$187.63	$204.69	$225.16
	11	Kaiser Permanente HMO	Single + 1	$2,375.26	$1,253.07	$1,122.19	$1,224.21	$1,346.63
	12	Kaiser Permanente HMO	Family	$3,087.84	$1,478.99	$1,608.85	$1,755.11	$1,930.62
	13	Sutter Health HMO	Single	$1,130.67	$1,000.00	$130.67	$142.55	$156.80
	14	Sutter Health HMO	Single + 1	$2,261.34	$1,253.07	$1,008.27	$1,099.93	$1,209.92
	15	Sutter Health HMO	Family	$2,939.74	$1,478.99	$1,460.75	$1,593.55	$1,752.90
	16	Western Health Advantage HMO	Single	$1,030.80	$1,000.00	$30.80	$33.60	$36.96
	17	Western Health Advantage HMO	Single + 1	$2,061.60	$1,253.07	$808.53	$882.03	$970.24
	18	Western Health Advantage HMO	Family	$2,680.08	$1,478.99	$1,201.09	$1,310.28	$1,441.31
	19	PERS Platinum - Blue Shield of California PPO	Single	$1,778.62	$1,000.00	$778.62	$849.40	$934.34
	20	PERS Platinum - Blue Shield of California PPO	Single + 1	$3,557.24	$1,253.07	$2,304.17	$2,513.64	$2,765.00
	21	PERS Platinum - Blue Shield of California PPO	Family	$4,624.41	$1,478.99	$3,145.42	$3,431.37	$3,774.50
	22	PERS Gold - Blue Shield of California PPO	Single	$1,215.17	$1,000.00	$215.17	$234.73	$258.20
	23	PERS Gold - Blue Shield of California PPO	Single + 1	$2,430.34	$1,253.07	$1,177.27	$1,284.29	$1,412.72
	24	PERS Gold - Blue Shield of California PPO	Family	$3,159.44	$1,478.99	$1,680.45	$1,833.22	$2,016.54
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