Vallejo City Unified School District

2026 COBRA Rates

COBRA Participants are responsible for 102% of the Health Premium Rate

Benefit Plan	Plan Type	2026 Monthly Premium
Anthem Blue Cross Select HMO	Single	$1,363.02
Anthem Blue Cross Select HMO	Single + 1	$2,726.03
Anthem Blue Cross Select HMO	Family	$3,543.84
Anthem Blue Cross Traditional HMO	Single	$1,644.32
Anthem Blue Cross Traditional HMO	Single + 1	$3,288.64
Anthem Blue Cross Traditional HMO	Family	$4,275.24
Blue Shield Access+ HMO	Single	$1,327.99
Blue Shield Access+ HMO	Single + 1	$2,655.98
Blue Shield Access+ HMO	Family	$3,452.77
Western Health Advantage HMO	Single	$988.97
Western Health Advantage HMO	Single + 1	$1,977.94
Western Health Advantage HMO	Family	$2,571.33
Kaiser Permanente HMO	Single	$1,192.24
Kaiser Permanente HMO	Single + 1	$2,384.47
Kaiser Permanente HMO	Family	$3,099.82
PERS Platinum - Blue Shield of California PPO	Single	$1,703.54
PERS Platinum - Blue Shield of California PPO	Single + 1	$3,407.09
PERS Platinum - Blue Shield of California PPO	Family	$4,429.21
PERS Gold - Blue Shield of California PPO	Single	$1,142.99
PERS Gold - Blue Shield of California PPO	Single + 1	$2,285.98
PERS Gold - Blue Shield of California PPO	Family	$2,971.78
UnitedHealthcare SignatureValue Alliance	Single	$1,208.27
UnitedHealthcare SignatureValue Alliance	Single + 1	$2,416.54
UnitedHealthcare SignatureValue Alliance	Family	$3,141.51
Delta Dental Premier Incentive Plan - High Plan	Single	$57.05
Delta Dental Premier Incentive Plan - High Plan	Single + 1	$104.66
Delta Dental Premier Incentive Plan - High Plan	Family	$161.40
Delta Dental Premier Incentive Plan - Retiree	Single	$55.03
Delta Dental Premier Incentive Plan - Retiree	Single + 1	$110.23
Delta Dental Premier Incentive Plan - Retiree	Family	$147.83
Vision Service Plan - VSP	Single	$7.51
Vision Service Plan - VSP	Single + 1	$10.69
Vision Service Plan - VSP	Family	$18.55