Vallejo City Unified School District

2027 COBRA Rates

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

Benefit Plan	Plan Type	2027 Monthly Premium
Anthem Blue Cross Select HMO	Single	$1,516.17
Anthem Blue Cross Select HMO	Single + 1	$3,032.34
Anthem Blue Cross Select HMO	Family	$3,942.03
Anthem Blue Cross Traditional HMO	Single	$1,767.17
Anthem Blue Cross Traditional HMO	Single + 1	$3,534.34
Anthem Blue Cross Traditional HMO	Family	$4,594.64
Blue Shield Access+ HMO	Single	$1,508.70
Blue Shield Access+ HMO	Single + 1	$3,017.40
Blue Shield Access+ HMO	Family	$3,922.62
Western Health Advantage HMO	Single	$1,051.42
Western Health Advantage HMO	Single + 1	$2,102.83
Western Health Advantage HMO	Family	$2,733.68
Kaiser Permanente HMO	Single	$1,211.38
Kaiser Permanente HMO	Single + 1	$2,422.77
Kaiser Permanente HMO	Family	$3,149.60
PERS Platinum - Blue Shield of California PPO	Single	$1,814.19
PERS Platinum - Blue Shield of California PPO	Single + 1	$3,628.38
PERS Platinum - Blue Shield of California PPO	Family	$4,716.90
PERS Gold - Blue Shield of California PPO	Single	$1,239.47
PERS Gold - Blue Shield of California PPO	Single + 1	$2,478.95
PERS Gold - Blue Shield of California PPO	Family	$3,222.63
Sutter Health	Single	$1,153.28
Sutter Health	Single + 1	$2,306.57
Sutter Health	Family	$2,998.53
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