

Vallejo City Unified School District  
Summary of Benefit Changes for 2013-14

Benefit Category	Benefit Plan	Plan Type	2013-14 Monthly Premium *	Employer (V/C/USD) Rate (80% of 2007-08 Rate)	Employee Rate			
					2013-14 12-Month C - D	2013-14 11-Month (E * 12)/11	2013-14 10-Month (E * 12)/10	
Health	4 Anthem Select HMO (Not Available in Solano County)	Single	657.33	376.54	280.79	306.32	336.95	
	5 Anthem Select HMO (Not Available in Solano County)	Single + 1	1,314.66	753.07	561.59	612.64	673.91	
	6 Anthem Select HMO (Not Available in Solano County)	Family	1,709.06	978.99	730.07	796.44	876.08	
	8 Anthem Traditional HMO	Single	728.41	376.54	351.87	383.86	422.25	
	9 Anthem Traditional HMO	Single + 1	1,456.82	753.07	703.75	767.73	844.50	
	10 Anthem Traditional HMO	Family	1,673.18	978.99	914.88	998.05	1,097.85	
	<b>\$20 Office Visit - \$5/20 RX for 30-day supply after 2nd refill - \$10/40 RX</b>							
	12 Blue Shield of California HMO	Single	836.59	376.54	460.05	501.88	552.06	
	13 Blue Shield of California HMO	Single + 1	1,673.18	753.07	920.11	1,003.75	1,104.13	
	14 Blue Shield of California HMO	Family	2,175.13	978.99	1,196.14	1,304.88	1,435.37	
	32 Blue Shield Net Value HMO (Not Available in Solano County)	Single	704.01	376.54	327.47	357.24	392.97	
	33 Blue Shield Net Value HMO (Not Available in Solano County)	Single + 1	1,408.02	753.07	654.95	714.49	785.94	
	34 Blue Shield Net Value HMO (Not Available in Solano County)	Family	1,830.43	978.99	851.44	928.84	1,021.73	
	<b>\$15 Office Visit - \$5/20 RX for 30-day supply</b>							
	16 Kaiser Permanente HMO	Single	742.72	376.54	366.18	399.47	439.42	
	17 Kaiser Permanente HMO	Single + 1	1,485.44	753.07	732.37	798.95	878.84	
	18 Kaiser Permanente HMO	Family	1,931.07	978.99	952.08	1,038.63	1,142.49	
	<b>\$15 Office Visit - \$5/20 RX for 30-day supply</b>							
	20 PERS Care - Anthem Blue Cross PPO	Single	720.04	376.54	343.50	374.73	412.20	
	21 PERS Care - Anthem Blue Cross PPO	Single + 1	1,440.08	753.07	687.01	749.46	824.41	
	22 PERS Care - Anthem Blue Cross PPO	Family	1,872.10	978.99	893.11	974.30	1,071.73	
	24 PERS Choice - Anthem Blue Cross PPO	Single	690.77	376.54	314.23	342.80	377.08	
	25 PERS Choice - Anthem Blue Cross PPO	Single + 1	1,381.54	753.07	628.47	685.60	754.16	
	26 PERS Choice - Anthem Blue Cross PPO	Family	1,796.00	978.99	817.01	891.28	980.41	
	28 PERS Select - Anthem Blue Cross PPO	Single	661.52	376.54	284.98	310.89	341.98	
	29 PERS Select - Anthem Blue Cross PPO	Single + 1	1,323.04	753.07	569.97	621.78	683.96	
	30 PERS Select - Anthem Blue Cross PPO	Family	1,719.95	978.99	740.96	808.32	889.15	
	<b>\$20 Office Visit - \$5/20 RX for 30-day supply after 2nd refill - \$10/40 RX</b>							
	36 Delta Dental PPO - High Plan \$2000/\$2200 with Orthodontics	Single	61.17	48.98	12.19	13.29	14.62	
	37 Delta Dental PPO - High Plan \$2000/\$2200 with Orthodontics	Single + 1	112.21	89.86	22.35	24.39	26.82	
38 Delta Dental PPO - High Plan \$2000/\$2200 with Orthodontics	Family	173.02	138.55	34.47	37.60	41.36		
40 Delta Dental PPO - Low Plan \$1500/\$1700 without Orthodontics	Single	49.05	48.98	6.29	6.86	7.54		
41 Delta Dental PPO - Low Plan \$1500/\$1700 without Orthodontics	Single + 1	89.97	89.86	11.51	12.56	13.82		
42 Delta Dental PPO - Low Plan \$1500/\$1700 without Orthodontics	Family	138.72	138.55	17.75	19.36	21.30		
<b>High Plan \$2000/\$2200 Calendar Year Maximum &amp; \$2000 Orthodontics Service Lifetime Maximum / Low Plan \$1500/\$1700 Calendar Year Maximum</b>								

A

B

C

D

E

F

G

Dental

Health

Vision									
46	Vision Service Plan	Single	6.17	4.54	1.63	1.77	1.95		
47	Vision Service Plan	Single + 1	8.79	6.47	2.32	2.53	2.78		
48	Vision Service Plan	Family	15.76	11.60	4.16	4.54	4.99		
<b>\$25.00 Copay Prescription Glasses Lenses, Every 12 mos. &amp; Frames Every 24 mos \$150 Allowance for Frames or Lenses, 20% off amount over allowance</b>									