

HUSD 2024 BENEFIT RATES

Region 1: CalPERS Health Plan Services within Alameda County

Monthly Premiums are all 100% employee paid

CalPERS Health Plans	Employee Only	Employee & 1 Dependent	Employee & 2+ Dependents
	12-pay	12-pay	12-pay
Anthem Blue Cross Select HMO	\$1,138.86	\$2,277.72	\$2,961.04
Anthem Blue Cross Traditional HMO	\$1,339.70	\$2,679.40	\$3,483.22
Blue Shield Access + HMO	\$1,076.84	\$2,153.68	\$2,799.78
Kaiser Permanente HMO	\$1,021.41	\$2,042.82	\$2,655.67
UnitedHealthcare Alliance HMO	\$1,091.13	\$2,182.26	\$2,836.94
UnitedHealthcare Harmony HMO	\$937.39	\$1,874.78	\$2,437.21
PERS Gold PPO	\$914.82	\$1,829.64	\$2,378.53
PERS Platinum PPO	\$1,314.27	\$2,628.54	\$3,417.10

Region 1: CalPERS Health Plan Services NOT provided within Alameda County. Employees must live within service zip code.

Monthly Premiums are all 100% employee paid

CalPERS Health Plans	Employee Only	Employee & 1 Dependent	Employee & 2+ Dependents
	12-pay	12-pay	12-pay
Anthem EPO Del Norte PPO	\$1,314.27	\$2,628.54	\$3,417.10
Blue Shield Access + EPO	\$1,076.84	\$2,153.68	\$2,799.78
Blue Shield Trio HMO	\$946.84	\$1,893.68	\$2,461.78
UnitedHealthcare Alliance HMO	\$1,091.13	\$2,182.26	\$2,836.94
UnitedHealthcare Harmony HMO	\$937.39	\$1,874.78	\$2,437.21
Western Health Advantage HMO	\$807.23	\$1,614.46	\$2,098.80

Dental Plans – HUSD pays the ‘Employee only’ portion for Dental Premiums

Dental Plans	Employee Only	Employee & 1 Dependent	Employee & 2+ Dependents
	12-pay	12-pay	12-pay
Delta Dental 70-100% Incentive Plan with Adult & Child Ortho	\$0.00	\$53.40	\$97.90
Delta Dental 70-100% Incentive Plan with Child Ortho	\$0.00	\$52.20	\$96.00
Delta Dental 100/60% Non-Incentive Plan	\$0.00	\$34.90	\$64.30
United Healthcare Dental	\$0.00	\$15.87	\$43.47

Monthly Premiums are all 100% employee paid

Vision Plans	Employee Only	Employee & 1 Dependent	Employee & 2+ Dependents
	12-pay	12-pay	12-pay
VSP A	\$6.63	\$13.26	\$21.35
VSP B	\$8.09	\$16.21	\$26.07

Pre-paid Legal & Identity Theft Protection	Flat Rates for Family
	12-pay
ARAG	\$22.00

****Employees who work 10 and/or 11 months will see the monthly premium rate deduction plus for summer premiums. Benefits premiums are not deducted from (summer) deferred checks.**

*Benefit changes can only be made during **Open Enrollment** or due to a **Qualifying Event**. Proof of qualifying event **must** be provided within **60 days** of event.

*Some plans are available only in certain counties and/or ZIP Codes. As you consider your health plan choices, you should determine which health plans are available in the ZIP Code in which you are enrolling. You can use the Health Plan search by ZIP Code, which is available on the CalPERS website at www.calpers.ca.gov, to find out which plans are available in your area. If you have questions about plan availability or coverage, or wish to obtain a copy of the Evidence of Coverage, contact the health plans using the “Health Plan Directory” in the 2024 Health Benefit Summary.