ALAMEDA UNIFIED SCHOOL DISTRICT
Excellence & Equity For All Students

Exec/Mgmt/Admin:Part-Time

January 1, 2026 - December 31, 2026

75% FTE, 12 Pay Periods

Available Health Plans	Monthly Cost of Plan			AUSD Monthly Contribution	Monthly Employee Cost		
	Employee Only	Employee + 1 Dependent	Employee + Family (2)		Employee Only	Employee + 1 Dependent	Employee + Family (2)
Anthem Blue Cross Select HMO	$1,336.29	$2,672.58	$3,474.35	$766.06	$570.23	$1,906.52	$2,708.29
Anthem Blue Cross Traditional HMO	$1,612.08	$3,224.16	$4,191.41	$766.06	$846.02	$2,458.10	$3,425.35
Blue Shield Access+ HMO	$1,301.95	$2,603.90	$3,385.07	$766.06	$535.89	$1,837.84	$2,619.01
Kaiser Permanente HMO	$1,168.86	$2,337.72	$3,039.04	$766.06	$402.80	$1,571.66	$2,272.98
United Healthcare Alliance HMO	$1,290.06	$2,580.12	$3,354.16	$766.06	$524.00	$1,814.06	$2,588.10
United Healthcare Harmony HMO*	$1,133.09	$2,266.18	$2,946.03	$766.06	$367.03	$1,500.12	$2,179.97
PERS Gold PPO	$1,120.58	$2,241.16	$2,913.51	$766.06	$354.52	$1,475.10	$2,147.45
PERS Platinum PPO	$1,670.14	$3,340.28	$4,342.36	$766.06	$904.08	$2,574.22	$3,576.30
Delta Dental of CA PPO + Premier	$63.90	$129.80	$186.70	$47.93	$15.98	$81.88	$138.78
Vision Service Plan (VSP)	$28.55	$28.55	$28.55	$0.00	$28.55	$28.55	$28.55
Cash-in-Lieu of Medical Coverage (Taxable Stipend)	$228.75						

ALL medical plans meet the Minimum Essential Coverage and Minimum Value requirements as set by ACA regulations.

*** This plan is not available if you reside in Alameda County.**