

<u>Available Health Plans</u>	<u>Monthly Cost of Plan</u>			<u>AUSD Monthly Contribution</u>	<u>Monthly Employee Cost</u> (Will differ for 10 Pay periods)		
	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	\$1,001.88	\$334.41	\$1,670.70	\$2,472.47
Anthem Blue Cross Traditional HMO	\$1,612.08	\$3,224.16	\$4,191.41	\$1,001.88	\$610.20	\$2,222.28	\$3,189.53
Blue Shield Access+ HMO	\$1,301.95	\$2,603.90	\$3,385.07	\$1,001.88	\$300.07	\$1,602.02	\$2,383.19
Kaiser Permanente HMO	\$1,168.86	\$2,337.72	\$3,039.04	\$1,001.88	\$166.98	\$1,335.84	\$2,037.16
United Healthcare Alliance HMO	\$1,290.06	\$2,580.12	\$3,354.16	\$1,001.88	\$288.18	\$1,578.24	\$2,352.28
United Healthcare Harmony HMO*	\$1,133.09	\$2,266.18	\$2,946.03	\$1,001.88	\$131.21	\$1,264.30	\$1,944.15
PERS Gold PPO	\$1,120.58	\$2,241.16	\$2,913.51	\$1,001.88	\$118.70	\$1,239.28	\$1,911.63
PERS Platinum PPO	\$1,670.14	\$3,340.28	\$4,342.36	\$1,001.88	\$668.26	\$2,338.40	\$3,340.48
Delta Dental of CA PPO + Premier	\$63.90	\$129.80	\$186.70	85.71%	\$9.13	\$18.54	\$26.67
Vision Service Plan (VSP)	\$28.55	\$28.55	\$28.55	85.71%	\$4.08	\$4.08	\$4.08
Cash-in-Lieu of Medical Coverage (Taxable Stipend)	\$261.43	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.**