

Unrepresented: Full-Time

January 1, 2026 - June 30, 2026

8 Hrs per day, 12 Pay Periods

<u>Available Health Plans</u>	<u>Monthly Cost of Plan</u>			<u>AUSD Monthly Contribution</u>	<u>Monthly Employee Cost (Will differ for 10 Pay periods)</u>		
	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	\$1,168.86	\$167.43	\$1,503.72	\$2,305.49
Anthem Blue Cross Traditional HMO	\$1,612.08	\$3,224.16	\$4,191.41	\$1,168.86	\$443.22	\$2,055.30	\$3,022.55
Blue Shield Access+ HMO	\$1,301.95	\$2,603.90	\$3,385.07	\$1,168.86	\$133.09	\$1,435.04	\$2,216.21
Kaiser Permanente HMO	\$1,168.86	\$2,337.72	\$3,039.04	\$1,168.86	\$0.00	\$1,168.86	\$1,870.18
United Healthcare Alliance HMO	\$1,290.06	\$2,580.12	\$3,354.16	\$1,168.86	\$121.20	\$1,411.26	\$2,185.30
<u>United Healthcare Harmony HMO*</u>	\$1,133.09	\$2,266.18	\$2,946.03	\$1,168.86	\$0.00	\$1,097.32	\$1,777.17
PERS Gold PPO	\$1,120.58	\$2,241.16	\$2,913.51	\$1,168.86	\$0.00	\$1,072.30	\$1,744.65
PERS Platinum PPO	\$1,670.14	\$3,340.28	\$4,342.36	\$1,168.86	\$501.28	\$2,171.42	\$3,173.50
Delta Dental of CA PPO + Premier	\$63.90	\$114.80	\$164.60	\$63.90	\$0.00	\$50.90	\$100.70
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)	\$305.00	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.