ALAMEDA UNIFIED SCHOOL DISTRICT
Excellence & Equity For All Students

CSEA 27 - Full-Time

Effective July 1, 2026 - December 31, 2026
7 - 8 Hours per day, 12 paychecks

Available Benefit Plans	Monthly Cost of Plan			Employer Contribution			Employee Monthly Cost		
	Employee Only	Employee + 1 Dependent	Employee + Family (2+)	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	$1,700.00	$1,700.00	167.43	$972.58	$1,774.35
Anthem Blue Cross Traditional HMO	$1,612.08	$3,224.16	$4,191.41	$1,168.86	$1,700.00	$1,700.00	443.22	$1,524.16	$2,491.41
Blue Shield Access+ HMO	$1,301.95	$2,603.90	$3,385.07	$1,168.86	$1,700.00	$1,700.00	133.09	$903.90	$1,685.07
Kaiser Permanente HMO	$1,168.86	$2,337.72	$3,039.04	$1,168.86	$1,700.00	$1,700.00	0.00	$637.72	$1,339.04
United Healthcare Alliance HMO	$1,290.06	$2,580.12	$3,354.16	$1,168.86	$1,700.00	$1,700.00	121.20	$880.12	$1,654.16
United Healthcare Harmony HMO*	$1,133.09	$2,266.18	$2,946.03	$1,168.86	$1,700.00	$1,700.00	0.00	$566.18	$1,246.03
PERS Gold PPO	$1,120.58	$2,241.16	$2,913.51	$1,168.86	$1,700.00	$1,700.00	0.00	$541.16	$1,213.51
PERS Platinum PPO	$1,670.14	$3,340.28	$4,342.36	$1,168.86	$1,700.00	$1,700.00	501.28	$1,640.28	$2,642.36
Delta Dental PPO +Premier	$63.90	$114.80	$164.60	$63.90	$114.80	$164.60	0.00	$0.00	$0.00
Vision Service Plan (VSP)	$28.55	$28.55	$28.55	$28.55	$28.55	$28.55	0.00	$0.00	$0.00
Cash-in-Lieu of Medical Coverage Stipend	$305.00								

ALL medical plans meet the Minimum Essential Coverage and Minimum Value (MEC, MEV) requirements as set by ACA regulations

*** United Healthcare Harmony is not available if you reside in Alameda County.**