

UnRepresented Full Time
Effective July 1, 2026 - December 31, 2026
Full Time, 12 paychecks per year

<u>Available Benefit Plans</u>	<u>Monthly Cost of Plan</u>			<u>Employer Contribution</u>			<u>Employee Monthly Cost</u>		
	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 <u>Harmony</u> 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	\$63.90	\$63.90	0.00	\$50.90	\$100.70
Vision Service Plan (VSP)	\$28.55	\$28.55	\$28.55	\$0.00	\$0.00	\$0.00	28.55	\$28.55	\$28.55
Cash-in-Lieu of Medical Coverage Stipend	\$305.00	<u>ALL medical plans</u> 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.**