2026 BENEFIT PLAN MONTHLY PREMIUMS

MEDICAL PLANS

HUSD pays an annual contribution of $2,500.00 towards Medical Premiums.

Region 1: CalPERS Health Plan Services within Alameda County

CalPERS Health Plans	Employee Only	*Cost After Employer Contribution*	Employee & 1 Dependent	*Cost After Employer Contribution*	Employee & 2+ Dependents	*Cost After Employer Contribution*
	12-pay		12-pay		12-pay	
Anthem Blue Cross Select HMO	$1,336.29	*$1,127.96*	$2,672.58	*$2,464.25*	$3,474.35	*$3,266.02*
Anthem Blue Cross Traditional HMO	$1,612.08	*$1,403.75*	$3,224.16	*$3,015.83*	$4,191.41	*$3,983.08*
Blue Shield Access + HMO	$1,301.95	*$1,093.62*	$2,603.90	*$2,395.57*	$3,385.07	*$3,176.74*
Kaiser Permanente HMO	$1,168.86	*$960.53*	$2,337.72	*$2,129.39*	$3,039.04	*$2,830.71*
UnitedHealthcare Alliance HMO	$1,290.06	*$1,081.73*	$2,580.12	*$2,371.79*	$3,354.16	*$3,145.83*
PERS Gold PPO	$1,120.58	*$912.25*	$2,241.16	*$2,032.83*	$2,913.51	*$2,705.18*
PERS Platnium PPO	$1,670.14	*$1,461.81*	$3,340.28	*$3,131.95*	$4,342.36	*$4,134.03*

Region 1: CalPERS Health Plan Services *NOT* provided within Alameda County. Employees must live within service zip code.

CalPERS Health Plans	Employee Only	*Cost After Employer Contribution*	Employee & 1 Dependent	*Cost After Employer Contribution*	Employee & 2+ Dependents	*Cost After Employer Contribution*
	12-pay		12-pay		12-pay	
Western Health Advantage HMO	$969.58	*$761.25*	$1,939.16	*$1,730.83*	$2,520.91	*$2,312.58*
Blue Shield Trio HMO	$1,166.58	*$958.25*	$2,333.16	*$2,124.83*	$3,033.11	*$2,824.78*
UnitedHealthcare Harmony HMO	$1,133.09	*$924.76*	$2,266.18	*$2,057.85*	$2,946.03	*$2,737.70*

DENTAL PLANS

HUSD pays the 'Employee only' portion for Dental Premiums.

Dental Plans	Employee Only	*Cost After Employer Contribution*	Employee & 1 Dependent	*Cost After Employer Contribution*	Employee & 2+ Dependents	*Cost After Employer Contribution*
	12-pay		12-pay		12-pay	
Delta Dental 70-100% Incentive Plan with Adult & Child Ortho	$51.60	*$0.00*	$105.00	*$53.40*	$149.50	*$97.90*
Delta Dental 70-100% Incentive Plan with Child Ortho	$50.30	*$0.00*	$102.50	*$52.20*	$146.30	*$96.00*
Delta Dental 100/60% Non-Incentive Plan	$34.20	*$0.00*	$69.10	*$34.90*	$98.50	*$64.30*
United Healthcare Dental	$26.84	*$0.00*	$42.71	*$15.87*	$70.31	*$43.47*

OTHER BENEFITS

Monthly Premiums are 100% employee paid

Vision Plans	Employee Only	Employee & 1 Dependent	Employee & 2+
	12-pay	12-pay	12-pay
VSP A	$6.63	$13.26	$21.35
VSP B	$8.09	$16.21	$26.07

Pre-paid Legal & Identity Theft Protection	Flat Rates for Family
	12-pay
ARAG	$22.00

Please Note: Rates reflect benefit deductions calculated on a 12-month basis. Employees who work 10 or 11 months will have a higher deduction per paycheck, which includes their regular monthly premium deduction plus an additional amount to cover summer premiums. Any increases in monthly benefit deduction rates for 10 or 11 month employee will take effect beginning with the first paycheck of the following school year. Benefit premiums are not deducted from summer deferred paychecks.

*Benefit changes can only be made during **Open Enrollment** or due to a **Qualifying Event**. Proof of qualifying event ***must*** be provided within ***60 days*** of event.

*Some plans are available only in certain counties and/or ZIP Codes. As you consider your health plan choices, you should determine which health plans are available in the ZIP Code in which you are enrolling. You can use the Health Plan search by ZIP Code, which is available on the CalPERS website at www.calpers.ca.gov, to find out which plans are available in your area. If you have questions about plan availability or coverage, or wish to obtain a copy of the Evidence of Coverage, contact the health plans using the "Health Plan Directory" in the 2025 Health Benefit Summary.