



2026 Employee Benefits Package

VACATION LEAVE	
Varies depending on years of service	10 to 25 days per year
SICK LEAVE	
Employees hired on or before 3/31/25 on a 7.5-hour workday	12 days a year
Employees hired on or after 4/1/25 on a 7.5-hour workday	9.7 days a year
BEREAVEMENT LEAVE	
For death of specified family members	Up to 5 days paid; max 8 days paid per calendar year; additional unpaid leave may be available
HOLIDAYS	
Regular / Floating	11 / 3.5 days
BILINGUAL PAY	
Employees certified to perform bilingual services	\$50 per month for basic; \$100 per month for advanced
PENSION	
2% @ 55 Plan or	CALPERS Existing members pay 7%
2% @ 62 for members after 12/31/12	New member rate after 12/31/12 is 50% of normal cost, currently 8.25%.
SOCIAL SECURITY	
	No participation
HEALTH INSURANCE	
Coverage varies with plan chosen by the employee	CALPERS 2026 - Employer pays up to 100 % of the Kaiser Employee + 2 rate which is \$3,039.04 (\$162 PEMHCA contribution plus additional contribution to Cafeteria plan) AHA's retirement health insurance contribution for qualified retirees is made at the PEMCHA minimum payment, currently \$162 per month.
*CalPERS medical plan options and rates: https://www.calpers.ca.gov/page/active-members/health-benefits/plans-and-rates ->Public Agency & School Members *Please note that Alameda County is under the Region 1 rates.	
DENTAL AND VISION CONTRIBUTION: AHA contributes up to the premium for Employee + 2 dental coverage (currently \$255.76 per month); contributions may be used towards dental and/or vision insurance; any additional premium cost is borne by the employee	
DENTAL INSURANCE	MetLife Dental



Deductibles: Individual/Family	\$50 / \$150
Annual Maximum	\$2,500
Co-Insurance: Preventative / Basic / Major	100 % / 80% / 50%
Orthodontia	Child and Adult
Co-insurance	50%
Lifetime maximum	\$2,500
VISION INSURANCE	VSP Vision Care
Eye exam	Every calendar year, \$10 copay
Prescriptions eyeglasses	\$25 copay, lenses every calendar year, \$130 allowance for frames, every other calendar year
Contact lenses (instead of glasses)	\$130 allowance every 12 months, up to \$60 copay
LIFE / ACCIDENTAL DEATH & DISMEMBERMENT	Lincoln Financial
Life Insurance coverage	1.5 X Annual Salary, \$100,000 max.
LONG-TERM DISABILITY COVERAGE	Lincoln Financial
Benefit Level / Monthly Benefit	66.67% / \$7,000 max.
EMPLOYEE ASSISTANCE PROGRAM	Concern
Face to face meetings / phone or web access	5 / Unlimited Agency paid \$7.68/month per employee
SHORT-TERM DISABILITY INSURANCE	State of California
Premium is deducted from employee's wages	Approximately 60-70% of earnings for up to 52 weeks
EDUCATIONAL REIMBURSEMENT PLAN	
Reimbursement of expenses for pre-approved course	\$5,250 maximum annually (if budget permits)
BOOT / SHOE ALLOWANCE	
Employees required to wear safety shoes / boots	\$220 max. reimbursement
ADDITIONAL BENEFITS	
Employees have the option to participate in other benefits at their own cost, including Flexible Spending Accounts, Mission Square 457 (Deferred Compensation) and Roth IRA Plans, VSP Vision Care, Lincoln Financial Voluntary Life and AD&D insurance, etc. AHA makes these plans available but does not contribute to the cost (with the exception of VSP if contribution \$ available).	