



## Full Time Employees - Faculty, Sup/Conf, Administrators Employee Contribution Rates for 2024-2025

The amount listed is the employee's share of the monthly premium and include District contribution for coverage beginning 7/1/2024 through 6/30/2025.

Pay Cycle	Anthem HMO Plan Packages	Employee	Employee + Spouse	Employee + Children	Family
12 month	Anthem HMO 20 / VSP Vision / Delta Dental PPO	\$ 0.00	\$852.12	\$590.04	\$1,282.16
11 month	Anthem HMO 20 / VSP Vision / Delta Dental PPO	\$ 0.00	\$929.59	\$643.68	\$1,398.72
10 month	Anthem HMO 20 / VSP Vision / Delta Dental PPO	\$ 0.00	\$1,022.54	\$708.05	\$1,538.59
12 month	Anthem HMO 30 / VSP Vision / Delta Dental PPO	\$ 0.00	\$730.55	\$485.84	\$1,111.39
11 month	Anthem HMO 30 / VSP Vision / Delta Dental PPO	\$ 0.00	\$796.96	\$530.01	\$1,212.43
10 month	Anthem HMO 30 / VSP Vision / Delta Dental PPO	\$ 0.00	\$876.66	\$583.01	\$1,333.67
12 month	Anthem DHMO 500 / VSP Vision / Delta Dental PPO	\$ 0.00	\$570.09	\$348.30	\$885.98
11 month	Anthem DHMO 500 / VSP Vision / Delta Dental PPO	\$ 0.00	\$621.92	\$379.96	\$966.52
10 month	Anthem DHMO 500 / VSP Vision / Delta Dental PPO	\$ 0.00	\$684.11	\$417.96	\$1,063.18

Pay Cycle	Anthem PPO Plan Packages	Employee	Employee + Spouse	Employee + Children	Family
12 month	Anthem PPO 500 / VSP Vision / Delta Dental PPO	\$1,008.39	\$2,988.26	\$2,421.02	\$4,282.93
11 month	Anthem PPO 500 / VSP Vision / Delta Dental PPO	\$1,100.06	\$3,259.92	\$2,641.11	\$4,672.29
10 month	Anthem PPO 500 / VSP Vision / Delta Dental PPO	\$1,210.07	\$3,585.91	\$2,905.22	\$5,139.52
12 month	Anthem PPO 750 / VSP Vision / Delta Dental PPO	\$820.87	\$2,594.47	\$2,083.49	\$3,729.75
11 month	Anthem PPO 750 / VSP Vision / Delta Dental PPO	\$895.49	\$2,830.33	\$2,272.90	\$4,068.82
10 month	Anthem PPO 750 / VSP Vision / Delta Dental PPO	\$985.04	\$3,113.36	\$2,500.19	\$4,475.70
12 month	Anthem PPO ESS 1250 / VSP Vision / Delta Dental PPO	\$364.52	\$1,636.13	\$1,262.06	\$2,383.51
11 month	Anthem PPO ESS 1250 / VSP Vision / Delta Dental PPO	\$397.66	\$1,784.87	\$1,376.79	\$2,600.19
10 month	Anthem PPO ESS 1250 / VSP Vision / Delta Dental PPO	\$437.42	\$1,963.36	\$1,514.47	\$2,860.21
12 month	Anthem PPO HSA 1600 / VSP Vision / Delta Dental PPO	\$173.57	\$1,235.14	\$918.35	\$1,820.21
11 month	Anthem PPO HSA 1600 / VSP Vision / Delta Dental PPO	\$189.35	\$1,347.43	\$1,001.84	\$1,985.68
10 month	Anthem PPO HSA 1600 / VSP Vision / Delta Dental PPO	\$208.28	\$1,482.17	\$1,102.02	\$2,184.25

Pay Cycle	Kaiser HMO Plan Packages	Employee	Employee + Spouse	Employee + Children	Family
12 month	Kaiser HMO 20 / VSP Vision / Delta Dental PPO	\$ 0.00	\$798.31	\$636.55	\$1,132.82
11 month	Kaiser HMO 20 / VSP Vision / Delta Dental PPO	\$ 0.00	\$870.88	\$694.42	\$1,235.80
10 month	Kaiser HMO 20 / VSP Vision / Delta Dental PPO	\$ 0.00	\$957.97	\$763.86	\$1,359.38
12 month	Kaiser DHMO 500 / VSP Vision / Delta Dental PPO	\$ 0.00	\$507.05	\$371.80	\$735.67
11 month	Kaiser DHMO 500 / VSP Vision / Delta Dental PPO	\$ 0.00	\$553.15	\$405.60	\$802.55
10 month	Kaiser DHMO 500 / VSP Vision / Delta Dental PPO	\$ 0.00	\$608.46	\$446.16	\$882.80
12 month	Kaiser HSA 1600 / VSP Vision / Delta Dental PPO	\$ 0.00	\$377.40	\$253.89	\$558.84
11 month	Kaiser HSA 1600 / VSP Vision / Delta Dental PPO	\$ 0.00	\$411.71	\$276.97	\$609.64
10 month	Kaiser HSA 1600 / VSP Vision / Delta Dental PPO	\$ 0.00	\$452.88	\$304.67	\$670.61

Pay Cycle	Minimum Value Plan Packages	Employee	Employee + Spouse	Employee + Children	Family
12 month	Kaiser MVP / VSP Vision / Delta Dental PPO	\$ 0.00	\$145.51	\$43.11	\$242.67
11 month	Kaiser MVP / VSP Vision / Delta Dental PPO	\$ 0.00	\$158.74	\$47.03	\$264.73
10 month	Kaiser MVP / VSP Vision / Delta Dental PPO	\$ 0.00	\$174.61	\$51.73	\$291.20
12 month	PPO CHOICE MVP / VSP Vision / Delta Dental PPO	\$ 0.00	\$ 0.00	\$ 0.00	\$21.71
11 month	PPO CHOICE MVP / VSP Vision / Delta Dental PPO	\$ 0.00	\$ 0.00	\$ 0.00	\$23.68
10 month	PPO CHOICE MVP / VSP Vision / Delta Dental PPO	\$ 0.00	\$ 0.00	\$ 0.00	\$26.05



For questions, please email our Benefits Office at [benefits@msjc.edu](mailto:benefits@msjc.edu). For more information on medical, dental, vision, life insurance, and other voluntary plans, and to review Benefit Plan Summaries, please visit our website [MSJC Employee Benefits](#). Employee paid premiums are processed on post-tax basis unless enrolled in pre-tax basis through American Fidelity.