Full Time Employees – Classified

Employee Contribution Rates for 2025-2026

The amount listed is the employee's share of the monthly premium and include District contribution for coverage beginning 7/1/2025 through 6/30/2026.

Anthem HMO Plan Packages	Employee	Employee + Spouse	Employee + Children	Family
Anthem HMO 20 / VSP Vision / Delta Dental PPO	$ 0.00	$936.51	$662.37	$1,400.70
Anthem HMO 20 / VSP Vision / Anthem PPO	$ 0.00	$921.15	$647.01	$1,385.34
Anthem HMO 20 / VSP Vision / MetLife DHMO	$ 0.00	$873.89	$601.74	$1,340.07
Anthem HMO 20 / EyeMed Vision / Delta Dental PPO	$ 0.00	$929.64	$655.50	$1,393.83
Anthem HMO 20 / EyeMed Vision / Anthem PPO	$ 0.00	$914.28	$640.14	$1,378.47
Anthem HMO 20 / EyeMed Vision / MetLife DHMO	$ 0.00	$867.02	$594.87	$1,333.20
Anthem HMO 30 / VSP Vision / Delta Dental PPO	$ 0.00	$809.35	$553.38	$1,222.08
Anthem HMO 30 / VSP Vision / Anthem PPO	$ 0.00	$793.99	$538.02	$1,206.72
Anthem HMO 30 / VSP Vision / MetLife DHMO	$ 0.00	$746.73	$492.75	$1,161.45
Anthem HMO 30 / EyeMed Vision / Delta Dental PPO	$ 0.00	$802.48	$546.51	$1,215.21
Anthem HMO 30 / EyeMed Vision / Anthem PPO	$ 0.00	$787.12	$531.15	$1,199.85
Anthem HMO 30 / EyeMed Vision / MetLife DHMO	$ 0.00	$739.86	$485.88	$1,154.58
Anthem DHMO 500 / VSP Vision / Delta Dental PPO	$ 0.00	$641.50	$409.51	$986.30
Anthem DHMO 500 / VSP Vision / Anthem PPO	$ 0.00	$626.14	$394.15	$970.94
Anthem DHMO 500 / VSP Vision / MetLife DHMO	$ 0.00	$578.88	$348.88	$925.67
Anthem DHMO 500 / EyeMed Vision / Delta Dental PPO	$ 0.00	$634.63	$402.64	$979.43
Anthem DHMO 500 / EyeMed Vision / Anthem PPO	$ 0.00	$619.27	$387.28	$964.07
Anthem DHMO 500 / EyeMed Vision / MetLife DHMO	$ 0.00	$572.01	$342.01	$918.80

Anthem PPO Plan Packages	Employee	Employee + Spouse	Employee + Children	Family
Anthem PPO 500 / VSP Vision / Delta Dental PPO	$1,095.37	$3,170.91	$2,577.58	$4,539.51
Anthem PPO 500 / VSP Vision / Anthem PPO	$1,080.01	$3,155.55	$2,562.22	$4,524.15
Anthem PPO 500 / VSP Vision / MetLife DHMO	$1,016.83	$3,108.29	$2,516.95	$4,478.88
Anthem PPO 500 / EyeMed Vision / Delta Dental PPO	$1,088.50	$3,164.04	$2,570.71	$4,532.64
Anthem PPO 500 / EyeMed Vision / Anthem PPO	$1,073.14	$3,148.68	$2,555.35	$4,517.28
Anthem PPO 500 / EyeMed Vision / MetLife DHMO	$1,009.96	$3,101.42	$2,510.08	$4,472.01
Anthem PPO 750 / VSP Vision / Delta Dental PPO	$899.22	$2,759.01	$2,224.52	$3,960.88
Anthem PPO 750 / VSP Vision / Anthem PPO	$883.86	$2,743.65	$2,209.16	$3,945.52
Anthem PPO 750 / VSP Vision / MetLife DHMO	$820.68	$2,696.39	$2,163.89	$3,900.25
Anthem PPO 750 / EyeMed Vision / Delta Dental PPO	$892.35	$2,752.14	$2,217.65	$3,954.01
Anthem PPO 750 / EyeMed Vision / Anthem PPO	$876.99	$2,736.78	$2,202.29	$3,938.65
Anthem PPO 750 / EyeMed Vision / MetLife DHMO	$813.81	$2,689.52	$2,157.02	$3,893.38
Anthem PPO ESS 1250 / VSP Vision / Delta Dental PPO	$421.88	$1,756.58	$1,365.31	$2,552.72
Anthem PPO ESS 1250 / VSP Vision / Anthem PPO	$406.52	$1,741.22	$1,349.95	$2,537.36
Anthem PPO ESS 1250 / VSP Vision / MetLife DHMO	$343.34	$1,693.96	$1,304.68	$2,492.09
Anthem PPO ESS 1250 / EyeMed Vision / Delta Dental PPO	$415.01	$1,749.71	$1,358.44	$2,545.85
Anthem PPO ESS 1250 / EyeMed Vision / Anthem PPO	$399.65	$1,734.35	$1,343.08	$2,530.49
Anthem PPO ESS 1250 / EyeMed Vision / MetLife DHMO	$336.47	$1,687.09	$1,297.81	$2,485.22
Anthem PPO HSA 1600 / VSP Vision / Delta Dental PPO	$222.14	$1,337.15	$1,005.78	$1,963.51
Anthem PPO HSA 1600 / VSP Vision / Anthem PPO	$206.78	$1,321.79	$990.42	$1,948.15
Anthem PPO HSA 1600 / VSP Vision / MetLife DHMO	$143.60	$1,274.53	$945.15	$1,902.88
Anthem PPO HSA 1600 / EyeMed Vision / Delta Dental PPO	$215.27	$1,330.28	$998.91	$1,956.64
Anthem PPO HSA 1600 / EyeMed Vision / Anthem PPO	$199.91	$1,314.92	$983.55	$1,941.28
Anthem PPO HSA 1600 / EyeMed Vision / MetLife DHMO	$136.73	$1,267.66	$938.28	$1,896.01



For questions, please email our Benefits Office at 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.

Full Time Employees – Classified

Employee Contribution Rates for 2025-2026

The amount listed is the employee's share of the monthly premium and include District contribution for coverage beginning 7/1/2025 through 6/30/2026.

Kaiser HMO Plan Packages	Employee	Employee + Spouse	Employee + Children	Family
Kaiser HMO 20 / VSP Vision / Delta Dental PPO	$ 0.00	$908.32	$736.55	$1,282.90
Kaiser HMO 20 / VSP Vision / Anthem PPO	$ 0.00	$892.96	$721.19	$1,267.54
Kaiser HMO 20 / VSP Vision / MetLife DHMO	$ 0.00	$845.70	$675.92	$1,222.27
Kaiser HMO 20 / EyeMed Vision / Delta Dental PPO	$ 0.00	$901.45	$729.68	$1,276.03
Kaiser HMO 20 / EyeMed Vision / Anthem PPO	$ 0.00	$886.09	$714.32	$1,260.67
Kaiser HMO 20 / EyeMed Vision / MetLife DHMO	$ 0.00	$838.83	$669.05	$1,215.40
Kaiser DHMO 500 / VSP Vision / Delta Dental PPO	$ 0.00	$599.03	$455.40	$861.16
Kaiser DHMO 500 / VSP Vision / Anthem PPO	$ 0.00	$583.67	$440.04	$845.80
Kaiser DHMO 500 / VSP Vision / MetLife DHMO	$ 0.00	$536.41	$394.77	$800.53
Kaiser DHMO 500 / EyeMed Vision / Delta Dental PPO	$ 0.00	$592.16	$448.53	$854.29
Kaiser DHMO 500 / EyeMed Vision / Anthem PPO	$ 0.00	$576.80	$433.17	$838.93
Kaiser DHMO 500 / EyeMed Vision / MetLife DHMO	$ 0.00	$529.54	$387.90	$793.66
Kaiser HSA / VSP Vision / Delta Dental PPO	$ 0.00	$461.35	$330.19	$673.38
Kaiser HSA / VSP Vision / Anthem PPO	$ 0.00	$445.99	$314.83	$658.02
Kaiser HSA / VSP Vision / MetLife DHMO	$ 0.00	$398.73	$269.56	$612.75
Kaiser HSA / EyeMed Vision / Delta Dental PPO	$ 0.00	$454.48	$323.32	$666.51
Kaiser HSA / EyeMed Vision / Anthem PPO	$ 0.00	$439.12	$307.96	$651.15
Kaiser HSA / EyeMed Vision / MetLife DHMO	$ 0.00	$391.86	$262.69	$605.88

Minimum Value Plan Packages	Employee	Employee + Spouse	Employee + Children	Family
Kaiser MVP / VSP Vision / Delta Dental PPO	$ 0.00	$215.10	$106.35	$337.63
Kaiser MVP / VSP Vision / Anthem PPO	$ 0.00	$199.74	$90.99	$322.27
Kaiser MVP / VSP Vision / MetLife DHMO	$ 0.00	$152.48	$45.72	$277.00
Kaiser MVP / EyeMed Vision / Delta Dental PPO	$ 0.00	$208.23	$99.48	$330.76
Kaiser MVP / EyeMed Vision / Anthem PPO	$ 0.00	$192.87	$84.12	$315.40
Kaiser MVP / EyeMed Vision / MetLife DHMO	$ 0.00	$145.61	$38.85	$270.13
PPO CHOICE MVP / VSP Vision / Delta Dental PPO	$ 0.00	$ 0.00	$ 0.00	$82.27
PPO CHOICE MVP / VSP Vision / Anthem PPO	$ 0.00	$ 0.00	$ 0.00	$66.91
PPO CHOICE MVP / VSP Vision / MetLife DHMO	$ 0.00	$ 0.00	$ 0.00	$21.64
PPO CHOICE MVP / EyeMed Vision / Delta Dental PPO	$ 0.00	$ 0.00	$ 0.00	$75.40
PPO CHOICE MVP / EyeMed Vision / Anthem PPO	$ 0.00	$ 0.00	$ 0.00	$60.04
PPO CHOICE MVP / EyeMed Vision / MetLife DHMO	$ 0.00	$ 0.00	$ 0.00	$14.77



For questions, please email our Benefits Office at 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.