MSJC
Mt. San Jacinto College

# Full Time Employees - Faculty, Sup/Conf, Administrators

## 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.

| Pay Cycle | Anthem HMO Plan Packages | Employee | Employee + Spouse | Employee + Children | Family |
|---|---|---|---|---|---|
| 12 month | Anthem HMO 20 / VSP Vision / Delta Dental PPO | $ 0.00 | $936.41 | $662.27 | $1,400.60 |
| 11 month | Anthem HMO 20 / VSP Vision / Delta Dental PPO | $ 0.00 | $1021.54 | $722.48 | $1,527.93 |
| 10 month | Anthem HMO 20 / VSP Vision / Delta Dental PPO | $ 0.00 | $1123.69 | $794.72 | $1,680.72 |
| | | | | | |
| 12 month | Anthem HMO 30 / VSP Vision / Delta Dental PPO | $ 0.00 | $809.25 | $553.28 | $1,221.98 |
| 11 month | Anthem HMO 30 / VSP Vision / Delta Dental PPO | $ 0.00 | $882.82 | $603.58 | $1,333.07 |
| 10 month | Anthem HMO 30 / VSP Vision / Delta Dental PPO | $ 0.00 | $971.10 | $663.94 | $1,466.38 |
| | | | | | |
| 12 month | Anthem DHMO 500 / VSP Vision / Delta Dental PPO | $ 0.00 | $614.40 | $409.41 | $986.20 |
| 11 month | Anthem DHMO 500 / VSP Vision / Delta Dental PPO | $ 0.00 | $699.71 | $446.63 | $1,075.85 |
| 10 month | Anthem DHMO 500 / VSP Vision / Delta Dental PPO | $ 0.00 | $769.68 | $491.29 | $1,183.44 |

| Pay Cycle | Anthem PPO Plan Packages | Employee | Employee + Spouse | Employee + Children | Family |
|---|---|---|---|---|---|
| 12 month | Anthem PPO 500 / VSP Vision / Delta Dental PPO | $1095.27 | $3,170.81 | $2,577.48 | $4,539.41 |
| 11 month | Anthem PPO 500 / VSP Vision / Delta Dental PPO | $1194.84 | $3,459.07 | $2,811.80 | $4,952.08 |
| 10 month | Anthem PPO 500 / VSP Vision / Delta Dental PPO | $1314.32 | $3,804.97 | $3,092.98 | $5,447.29 |
| | | | | | |
| 12 month | Anthem PPO 750 / VSP Vision / Delta Dental PPO | $1095.27 | $3,170.81 | $2,577.48 | $4,539.41 |
| 11 month | Anthem PPO 750 / VSP Vision / Delta Dental PPO | $1194.84 | $3,459.07 | $2,811.80 | $4,952.08 |
| 10 month | Anthem PPO 750 / VSP Vision / Delta Dental PPO | $1314.32 | $3,804.97 | $3,092.98 | $5,447.29 |
| | | | | | |
| 12 month | Anthem PPO ESS 1250 / VSP Vision / Delta Dental PPO | $421.78 | $1,756.48 | $1,365.21 | $2,552.62 |
| 11 month | Anthem PPO ESS 1250 / VSP Vision / Delta Dental PPO | $460.12 | $1,916.16 | $1,489.32 | $2,784.68 |
| 10 month | Anthem PPO ESS 1250 / VSP Vision / Delta Dental PPO | $506.14 | $2,107.78 | $1,638.25 | $3,063.14 |
| | | | | | |
| 12 month | Anthem PPO HSA 1650 / VSP Vision / Delta Dental PPO | $222.04 | $1,337.05 | $1,005.68 | $1,963.41 |
| 11 month | Anthem PPO HSA 1650 / VSP Vision / Delta Dental PPO | $242.23 | $1,458.60 | $1,097.11 | $2,141.90 |
| 10 month | Anthem PPO HSA 1650 / VSP Vision / Delta Dental PPO | $266.45 | $1,604.46 | $1,206.82 | $2,356.09 |

| Pay Cycle | Kaiser HMO Plan Packages | Employee | Employee + Spouse | Employee + Children | Family |
|---|---|---|---|---|---|
| 12 month | Kaiser HMO 20 / VSP Vision / Delta Dental PPO | $908.22 | $736.45 | $1282.80 | $908.22 |
| 11 month | Kaiser HMO 20 / VSP Vision / Delta Dental PPO | $990.79 | $803.40 | $1399.42 | $990.79 |
| 10 month | Kaiser HMO 20 / VSP Vision / Delta Dental PPO | $1089.86 | $883.74 | $1,539.36 | $1089.86 |
| | | | | | |
| 12 month | Kaiser DHMO 500 / VSP Vision / Delta Dental PPO | $ 0.00 | $598.93 | $455.30 | $861.06 |
| 11 month | Kaiser DHMO 500 / VSP Vision / Delta Dental PPO | $ 0.00 | $653.38 | $496.69 | $939.34 |
| 10 month | Kaiser DHMO 500 / VSP Vision / Delta Dental PPO | $ 0.00 | $718.72 | $546.36 | $1,033.27 |
| | | | | | |
| 12 month | Kaiser HSA 1600 / VSP Vision / Delta Dental PPO | $ 0.00 | $461.25 | $330.09 | $673.28 |
| 11 month | Kaiser HSA 1600 / VSP Vision / Delta Dental PPO | $ 0.00 | $503.18 | $360.10 | $734.49 |
| 10 month | Kaiser HSA 1600 / VSP Vision / Delta Dental PPO | $ 0.00 | $553.50 | $396.11 | $807.94 |

| Pay Cycle | Minimum Value Plan Packages | Employee | Employee + Spouse | Employee + Children | Family |
|---|---|---|---|---|---|
| 12 month | Kaiser MVP / VSP Vision / Delta Dental PPO | $ 0.00 | $ 215.00 | $ 106.25 | $337.53 |
| 11 month | Kaiser MVP / VSP Vision / Delta Dental PPO | $ 0.00 | $ 234.55 | $ 115.91 | $368.21 |
| 10 month | Kaiser MVP / VSP Vision / Delta Dental PPO | $ 0.00 | $ 258.00 | $ 127.50 | $405.04 |
| | | | | | |
| 12 month | PPO CHOICE MVP / VSP Vision / Delta Dental PPO | $ 0.00 | $ 0.00 | $ 0.00 | $82.17 |
| 11 month | PPO CHOICE MVP / VSP Vision / Delta Dental PPO | $ 0.00 | $ 0.00 | $ 0.00 | $89.64 |
| 10 month | PPO CHOICE MVP / VSP Vision / Delta Dental PPO | $ 0.00 | $ 0.00 | $ 0.00 | $98.60 |

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.