

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	\$936.51	\$662.37	\$1,400.70
11 month	Anthem HMO 20 / VSP Vision / Delta Dental PPO	\$ 0.00	\$1,021.65	\$722.59	\$1,528.04
10 month	Anthem HMO 20 / VSP Vision / Delta Dental PPO	\$ 0.00	\$1,123.81	\$794.84	\$1,680.84
12 month	Anthem HMO 30 / VSP Vision / Delta Dental PPO	\$ 0.00	\$809.35	\$553.38	\$1,222.08
11 month	Anthem HMO 30 / VSP Vision / Delta Dental PPO	\$ 0.00	\$882.93	\$603.69	\$1,333.18
10 month	Anthem HMO 30 / VSP Vision / Delta Dental PPO	\$ 0.00	\$971.22	\$664.06	\$1,466.50
12 month	Anthem DHMO 500 / VSP Vision / Delta Dental PPO	\$ 0.00	\$614.50	\$409.51	\$986.30
11 month	Anthem DHMO 500 / VSP Vision / Delta Dental PPO	\$ 0.00	\$699.82	\$446.74	\$1,075.96
10 month	Anthem DHMO 500 / VSP Vision / Delta Dental PPO	\$ 0.00	\$769.80	\$491.41	\$1,183.56

Pay Cycle	Anthem PPO Plan Packages	Employee	Employee + Spouse	Employee + Children	Family
12 month	Anthem PPO 500 / VSP Vision / Delta Dental PPO	\$1,095.37	\$3,170.91	\$2,577.58	\$4,539.51
11 month	Anthem PPO 500 / VSP Vision / Delta Dental PPO	\$1,194.95	\$3,459.17	\$2,811.91	\$4,952.19
10 month	Anthem PPO 500 / VSP Vision / Delta Dental PPO	\$1,314.44	\$3,805.09	\$3,093.10	\$5,447.41
12 month	Anthem PPO 750 / VSP Vision / Delta Dental PPO	\$899.22	\$2,759.01	\$2,224.52	\$3,960.88
11 month	Anthem PPO 750 / VSP Vision / Delta Dental PPO	\$980.97	\$3,009.83	\$2,426.75	\$4,320.96
10 month	Anthem PPO 750 / VSP Vision / Delta Dental PPO	\$1,079.06	\$3,310.81	\$2,669.42	\$4,753.06
12 month	Anthem PPO ESS 1250 / VSP Vision / Delta Dental PPO	\$421.88	\$1,756.58	\$1,365.31	\$2,552.72
11 month	Anthem PPO ESS 1250 / VSP Vision / Delta Dental PPO	\$460.23	\$1,916.27	\$1,489.43	\$2,784.79
10 month	Anthem PPO ESS 1250 / VSP Vision / Delta Dental PPO	\$506.26	\$2,107.90	\$1,638.37	\$3,063.26
12 month	Anthem PPO HSA 1600 / VSP Vision / Delta Dental PPO	\$222.14	\$1,337.15	\$1,005.78	\$1,963.51
11 month	Anthem PPO HSA 1600 / VSP Vision / Delta Dental PPO	\$242.33	\$1,458.71	\$1,097.21	\$2,142.01
10 month	Anthem PPO HSA 1600 / VSP Vision / Delta Dental PPO	\$266.57	\$1,604.58	\$1,206.94	\$2,356.21

Pay Cycle	Kaiser HMO Plan Packages	Employee	Employee + Spouse	Employee + Children	Family
12 month	Kaiser HMO 20 / VSP Vision / Delta Dental PPO	\$ 0.00	\$908.32	\$736.55	\$1,282.90
11 month	Kaiser HMO 20 / VSP Vision / Delta Dental PPO	\$ 0.00	\$990.89	\$803.51	\$1,399.53
10 month	Kaiser HMO 20 / VSP Vision / Delta Dental PPO	\$ 0.00	\$1,089.98	\$883.86	\$1,539.48
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	\$653.49	\$496.80	\$939.45
10 month	Kaiser DHMO 500 / VSP Vision / Delta Dental PPO	\$ 0.00	\$718.84	\$546.48	\$1,033.39
12 month	Kaiser HSA 1600 / VSP Vision / Delta Dental PPO	\$ 0.00	\$461.35	\$330.19	\$673.38
11 month	Kaiser HSA 1600 / VSP Vision / Delta Dental PPO	\$ 0.00	\$503.29	\$360.21	\$734.60
10 month	Kaiser HSA 1600 / VSP Vision / Delta Dental PPO	\$ 0.00	\$553.62	\$396.23	\$808.06

Pay Cycle	Minimum Value Plan Packages	Employee	Employee + Spouse	Employee + Children	Family
12 month	Kaiser MVP / VSP Vision / Delta Dental PPO	\$ 0.00	\$215.10	\$106.35	\$337.63
11 month	Kaiser MVP / VSP Vision / Delta Dental PPO	\$ 0.00	\$234.65	\$116.02	\$368.32
10 month	Kaiser MVP / VSP Vision / Delta Dental PPO	\$ 0.00	\$258.12	\$127.62	\$405.16
12 month	PPO CHOICE MVP / VSP Vision / Delta Dental PPO	\$ 0.00	\$ 0.00	\$ 0.00	\$82.27
11 month	PPO CHOICE MVP / VSP Vision / Delta Dental PPO	\$ 0.00	\$ 0.00	\$ 0.00	\$89.75
10 month	PPO CHOICE MVP / VSP Vision / Delta Dental PPO	\$ 0.00	\$ 0.00	\$ 0.00	\$98.72



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.