



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	\$899.12	\$2,758.91	\$2,224.42	\$3,960.78
11 month	Anthem PPO 750 / VSP Vision / Delta Dental PPO	\$980.86	\$3,009.72	\$2,426.64	\$4,320.85
10 month	Anthem PPO 750 / VSP Vision / Delta Dental PPO	\$1078.94	\$3,310.69	\$2,669.30	\$4,752.94
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	\$ 0.00	\$908.22	\$736.45	\$1282.80
11 month	Kaiser HMO 20 / VSP Vision / Delta Dental PPO	\$ 0.00	\$990.79	\$803.40	\$1399.42
10 month	Kaiser HMO 20 / VSP Vision / Delta Dental PPO	\$ 0.00	\$1089.86	\$883.74	\$1,539.36
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.