

Existing Full Time Faculty with VSP (12 Month)

EMPLOYEE CONTRIBUTIONS 2023-2024

AMOUNTS LISTED ARE THE EMPLOYEES SHARE OF THE MONTHLY PREMIUM AND INCLUDE THE DISTRICT CONTRIBUTION; DEDUCTIONS INCLUDE MEDICAL, DENTAL, VISION AND GTL

ANTHEM HMO MEDICAL PLANS				
Medical Plan - Dental Plan Combination	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
HMO 20 - Delta PPO	\$0.00	\$748.27	\$501.03	\$1,136.28
HMO 20 - Delta Incentive*	\$0.00	\$747.47	\$500.23	\$1,135.48
HMO 20 - Anthem PPO	\$0.00	\$732.91	\$485.67	\$1,120.92
HMO 20 - MetLife DHMO	\$0.00	\$685.65	\$440.40	\$1,075.65
HMO 30 - Delta PPO	\$0.00	\$633.59	\$402.74	\$975.18
HMO 30 - Delta Incentive*	\$0.00	\$632.79	\$401.94	\$974.38
HMO 30 - Anthem PPO	\$0.00	\$618.23	\$387.38	\$959.82
HMO 30 - MetLife DHMO	\$0.00	\$570.97	\$342.11	\$914.55
DMHO 500 - Delta PPO	\$0.00	\$482.20	\$272.97	\$762.52
DMHO 500 - Delta Incentive*	\$0.00	\$481.40	\$272.17	\$761.72
DHMO 500 - Anthem PPO	\$0.00	\$466.84	\$257.61	\$747.16
DHMO 500 - MetLife DHMO	\$0.00	\$419.58	\$212.34	\$701.89

KAISER HMO MEDICAL PLANS				
Medical Plan - Dental Plan Combination	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
Kaiser HMO 20 - Delta PPO	\$0.00	\$642.62	\$495.01	\$920.52
Kaiser HMO 20 - Delta Incentive*	\$0.00	\$641.82	\$494.21	\$919.72
Kaiser HMO 20 - Anthem PPO	\$0.00	\$627.26	\$479.65	\$905.16
Kaiser HMO 20 - MetLife DHMO	\$0.00	\$580.00	\$434.38	\$859.89
Kaiser DHMO 500 - Delta PPO	\$0.00	\$376.84	\$253.42	\$558.12
Kaiser DHMO 500 - Delta Incentive*	\$0.00	\$376.04	\$252.62	\$557.32
Kaiser DHMO 500 - Anthem PPO	\$0.00	\$361.48	\$238.06	\$542.76
Kaiser DHMO 500 - MetLife DHMO	\$0.00	\$314.22	\$192.79	\$497.49
Kaiser HSA - Delta PPO	\$0.00	\$258.53	\$145.83	\$396.76
Kaiser HSA - Delta Incentive*	\$0.00	\$257.73	\$145.03	\$395.96
Kaiser HSA - Anthem PPO	\$0.00	\$243.17	\$130.47	\$381.40
Kaiser HSA - MetLife DHMO	\$0.00	\$195.91	\$85.20	\$336.13

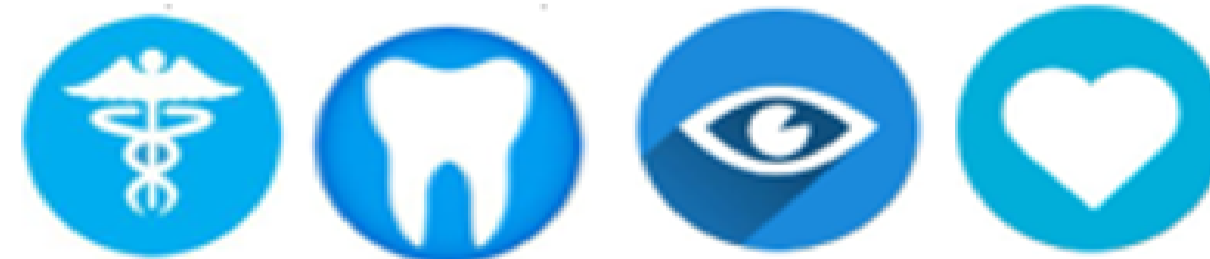
ANTHEM PPO MEDICAL PLANS				
Medical Plan - Dental Plan Combination	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
PPO 500 - Delta PPO	\$0.00	\$2,624.01	\$2,108.81	\$3,771.25
PPO 500 - Delta Incentive*	\$0.00	\$2,623.21	\$2,108.01	\$3,770.45
PPO 500 - Anthem PPO	\$0.00	\$2,608.65	\$2,093.45	\$3,755.89
PPO 500 - MetLife DHMO	\$0.00	\$2,561.39	\$2,048.18	\$3,710.62
PPO 750 - Delta PPO	\$0.00	\$2,266.34	\$1,802.24	\$3,268.81
PPO 750 - Delta Incentive*	\$0.00	\$2,265.54	\$1,801.44	\$3,268.01
PPO 750 - Anthem PPO	\$0.00	\$2,250.98	\$1,786.88	\$3,253.45
PPO 750 - MetLife DHMO	\$0.00	\$2,203.72	\$1,741.61	\$3,208.18
PPO ESS - Delta PPO	\$0.00	\$1,395.91	\$1,056.15	\$2,046.06
PPO ESS - Delta Incentive*	\$0.00	\$1,395.11	\$1,055.35	\$2,045.26
PPO ESS - Anthem PPO	\$0.00	\$1,380.55	\$1,040.79	\$2,030.70
PPO ESS - MetLife DHMO	\$0.00	\$1,333.29	\$995.52	\$1,985.43
PPO HSA - Delta PPO	\$0.00	\$1,031.71	\$743.98	\$1,534.45
PPO HSA -Delta Incentive*	\$0.00	\$1,030.91	\$743.18	\$1,533.65
PPO HSA -Anthem PPO	\$0.00	\$1,016.35	\$728.62	\$1,519.09
PPO HSA -MetLife DHMO	\$0.00	\$969.09	\$683.35	\$1,473.82

MINIMUM VALUE MEDICAL PLANS				
Medical Plan - Dental Plan Combination	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
Kaiser MVP - Delta PPO	\$0.00	\$46.92	\$0.00	\$108.25
Kaiser MVP - Delta Incentive*	\$0.00	\$46.12	\$0.00	\$107.45
Kaiser MVP - Anthem PPO	\$0.00	\$31.56	\$0.00	\$92.89
Kaiser MVP - MetLife DHMO	\$0.00	\$0.00	\$0.00	\$47.62
PPO CHOICE MVP - Delta PPO	\$0.00	\$0.00	\$0.00	\$0.00
PPO CHOICE MVP - Delta Incentive*	\$0.00	\$0.00	\$0.00	\$0.00
PPO CHOICE MVP - Anthem PPO	\$0.00	\$0.00	\$0.00	\$0.00
PPO CHOICE MVP - MetLife DHMO	\$0.00	\$0.00	\$0.00	\$0.00

EE ONLY PPO COVERAGE RATE OF 100% DISTRICT PAID IS FOR EXISTING PPO MEMBERS ONLY

IMPORTANT: If you have 2 or more children on a METLIFE Dental Plan there is an additional cost of \$1.99 per month.

PLEASE NOTE: Delta Incentive



Medical, Dental, Vision And Term Life (please click here).
To review Benefit Plan Summaries, please visit our page and select Health & Welfare dropdown.

Existing Full Time Faculty with VSP (11 Month)

EMPLOYEE CONTRIBUTIONS 2023-2024

AMOUNTS LISTED ARE THE EMPLOYEES SHARE OF THE MONTHLY PREMIUM AND INCLUDE THE DISTRICT CONTRIBUTION; DEDUCTIONS INCLUDE MEDICAL, DENTAL, VISION AND GTL

ANTHEM HMO MEDICAL PLANS				
Medical Plan - Dental Plan Combination	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
HMO 20 - Delta PPO	\$0.00	\$816.29	\$546.58	\$1,239.58
HMO 20 - Delta Incentive*	\$0.00	\$815.42	\$545.71	\$1,238.71
HMO 20 - Anthem PPO	\$0.00	\$799.54	\$529.82	\$1,222.82
HMO 20 - MetLife DHMO	\$0.00	\$747.98	\$480.44	\$1,173.44
HMO 30 - Delta PPO	\$0.00	\$691.19	\$439.35	\$1,063.83
HMO 30 - Delta Incentive*	\$0.00	\$690.32	\$438.48	\$1,062.96
HMO 30 - Anthem PPO	\$0.00	\$674.43	\$422.60	\$1,047.08
HMO 30 - MetLife DHMO	\$0.00	\$622.88	\$373.21	\$997.69
DMHO 500 - Delta PPO	\$0.00	\$526.04	\$297.79	\$831.84
DHMO 500 - Delta Incentive*	\$0.00	\$525.16	\$296.91	\$830.97
DHMO 500 - Anthem PPO	\$0.00	\$509.28	\$281.03	\$815.08
DHMO 500 - MetLife DHMO	\$0.00	\$457.72	\$231.64	\$765.70

KAISER HMO MEDICAL PLANS				
Medical Plan - Dental Plan Combination	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
Kaiser HMO 20 - Delta PPO	\$0.00	\$701.04	\$540.01	\$1,004.20
Kaiser HMO 20 - Delta Incentive*	\$0.00	\$700.17	\$539.14	\$1,003.33
Kaiser HMO 20 - Anthem PPO	\$0.00	\$684.28	\$523.25	\$987.45
Kaiser HMO 20 - MetLife DHMO	\$0.00	\$632.73	\$473.87	\$938.06
Kaiser DHMO 500 - Delta PPO	\$0.00	\$411.10	\$276.46	\$608.86
Kaiser DHMO 500 - Delta Incentive*	\$0.00	\$410.23	\$275.59	\$607.99
Kaiser DHMO 500 - Anthem PPO	\$0.00	\$394.34	\$259.70	\$592.10
Kaiser DHMO 500 - MetLife DHMO	\$0.00	\$342.79	\$210.32	\$542.72
Kaiser HSA - Delta PPO	\$0.00	\$282.03	\$159.09	\$432.83
Kaiser HSA - Delta Incentive*	\$0.00	\$281.16	\$158.21	\$431.96
Kaiser HSA - Anthem PPO	\$0.00	\$265.28	\$142.33	\$416.07
Kaiser HSA - MetLife DHMO	\$0.00	\$213.72	\$92.95	\$366.69

ANTHEM PPO MEDICAL PLANS				
Medical Plan - Dental Plan Combination	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
PPO 500 - Delta PPO	\$0.00	\$2,862.56	\$2,300.52	\$4,114.09
PPO 500 - Delta Incentive*	\$0.00	\$2,861.68	\$2,299.65	\$4,113.22
PPO 500 - Anthem PPO	\$0.00	\$2,845.80	\$2,283.76	\$4,097.33
PPO 500 - MetLife DHMO	\$0.00	\$2,794.24	\$2,234.38	\$4,047.95
PPO 750 - Delta PPO	\$0.00	\$2,472.37	\$1,966.08	\$3,565.97
PPO 750 - Delta Incentive*	\$0.00	\$2,471.50	\$1,965.21	\$3,565.10
PPO 750 - Anthem PPO	\$0.00	\$2,455.61	\$1,949.32	\$3,549.22
PPO 750 - MetLife DHMO	\$0.00	\$2,404.06	\$1,899.94	\$3,499.83
PPO ESS - Delta PPO	\$0.00	\$1,522.81	\$1,152.16	\$2,232.07
PPO ESS - Delta Incentive*	\$0.00	\$1,521.94	\$1,151.29	\$2,231.19
PPO ESS - Anthem PPO	\$0.00	\$1,506.05	\$1,135.41	\$2,215.31
PPO ESS - MetLife DHMO	\$0.00	\$1,454.50	\$1,086.02	\$2,165.92
PPO HSA - Delta PPO	\$0.00	\$1,125.50	\$811.61	\$1,673.95
PPO HSA -Delta Incentive*	\$0.00	\$1,124.63	\$810.74	\$1,673.07
PPO HSA -Anthem PPO	\$0.00	\$1,108.75	\$794.86	\$1,657.19
PPO HSA -MetLife DHMO	\$0.00	\$1,057.19	\$745.47	\$1,607.80

MINIMUM VALUE MEDICAL PLANS				
Medical Plan - Dental Plan Combination	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
Kaiser MVP - Delta PPO	\$0.00	\$51.19	\$0.00	\$118.09
Kaiser MVP - Delta Incentive*	\$0.00	\$50.31	\$0.00	\$117.22
Kaiser MVP - Anthem PPO	\$0.00	\$34.43	\$0.00	\$101.33
Kaiser MVP - MetLife DHMO	\$0.00	\$0.00	\$0.00	\$51.95
PPO CHOICE MVP - Delta PPO	\$0.00	\$0.00	\$0.00	\$0.00
PPO CHOICE MVP - Delta Incentive*	\$0.00	\$0.00	\$0.00	\$0.00
PPO CHOICE MVP - Anthem PPO	\$0.00	\$0.00	\$0.00	\$0.00
PPO CHOICE MVP - MetLife DHMO	\$0.00	\$0.00	\$0.00	\$0.00

EE ONLY PPO COVERAGE RATE OF 100% DISTRICT PAID IS FOR EXISTING PPO MEMBERS ONLY

IMPORTANT: If you have 2 or more children on a METLIFE Dental Plan there is an additional cost of \$1.99 per month.

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Medical, Dental, Vision And Term Life (please click here).
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Existing Full Time Faculty with VSP (10 Month)

EMPLOYEE CONTRIBUTIONS 2023-2024

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ANTHEM HMO MEDICAL PLANS				
Medical Plan - Dental Plan Combination	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
HMO 20 - Delta PPO	\$0.00	\$897.92	\$601.24	\$1,363.54
HMO 20 - Delta Incentive*	\$0.00	\$896.96	\$600.28	\$1,362.58
HMO 20 - Anthem PPO	\$0.00	\$879.49	\$582.80	\$1,345.10
HMO 20 - MetLife DHMO	\$0.00	\$822.78	\$528.48	\$1,290.78
HMO 30 - Delta PPO	\$0.00	\$760.31	\$483.29	\$1,170.22
HMO 30 - Delta Incentive*	\$0.00	\$759.35	\$482.33	\$1,169.26
HMO 30 - Anthem PPO	\$0.00	\$741.88	\$464.86	\$1,151.78
HMO 30 - MetLife DHMO	\$0.00	\$685.16	\$410.53	\$1,097.46
DMHO 500 - Delta PPO	\$0.00	\$578.64	\$327.56	\$915.02
DMHO 500 - Delta Incentive*	\$0.00	\$577.68	\$326.60	\$914.06
DHMO 500 - Anthem PPO	\$0.00	\$560.21	\$309.13	\$896.59
DHMO 500 - MetLife DHMO	\$0.00	\$503.50	\$254.81	\$842.27

KAISER HMO MEDICAL PLANS				
Medical Plan - Dental Plan Combination	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
Kaiser HMO 20 - Delta PPO	\$0.00	\$771.14	\$594.01	\$1,104.62
Kaiser HMO 20 - Delta Incentive*	\$0.00	\$770.18	\$593.05	\$1,103.66
Kaiser HMO 20 - Anthem PPO	\$0.00	\$752.71	\$575.58	\$1,086.19
Kaiser HMO 20 - MetLife DHMO	\$0.00	\$696.00	\$521.26	\$1,031.87
Kaiser DHMO 500 - Delta PPO	\$0.00	\$452.21	\$304.10	\$669.74
Kaiser DHMO 500 - Delta Incentive*	\$0.00	\$451.25	\$303.14	\$668.78
Kaiser DHMO 500 - Anthem PPO	\$0.00	\$433.78	\$285.67	\$651.31
Kaiser DHMO 500 - MetLife DHMO	\$0.00	\$377.06	\$231.35	\$596.99
Kaiser HSA - Delta PPO	\$0.00	\$310.24	\$175.00	\$476.11
Kaiser HSA - Delta Incentive*	\$0.00	\$309.28	\$174.04	\$475.15
Kaiser HSA - Anthem PPO	\$0.00	\$291.80	\$156.56	\$457.68
Kaiser HSA - MetLife DHMO	\$0.00	\$235.09	\$102.24	\$403.36

ANTHEM PPO MEDICAL PLANS				
Medical Plan - Dental Plan Combination	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
PPO 500 - Delta PPO	\$0.00	\$3,148.81	\$2,530.57	\$4,525.50
PPO 500 - Delta Incentive*	\$0.00	\$3,147.85	\$2,529.61	\$4,524.54
PPO 500 - Anthem PPO	\$0.00	\$3,130.38	\$2,512.14	\$4,507.07
PPO 500 - MetLife DHMO	\$0.00	\$3,073.67	\$2,457.82	\$4,452.74
PPO 750 - Delta PPO	\$0.00	\$2,719.61	\$2,162.69	\$3,922.57
PPO 750 - Delta Incentive*	\$0.00	\$2,718.65	\$2,161.73	\$3,921.61
PPO 750 - Anthem PPO	\$0.00	\$2,701.18	\$2,144.26	\$3,904.14
PPO 750 - MetLife DHMO	\$0.00	\$2,644.46	\$2,089.93	\$3,849.82
PPO ESS - Delta PPO	\$0.00	\$1,675.09	\$1,267.38	\$2,455.27
PPO ESS - Delta Incentive*	\$0.00	\$1,674.13	\$1,266.42	\$2,454.31
PPO ESS - Anthem PPO	\$0.00	\$1,656.66	\$1,248.95	\$2,436.84
PPO ESS - MetLife DHMO	\$0.00	\$1,599.95	\$1,194.62	\$2,382.52
PPO HSA - Delta PPO	\$0.00	\$1,238.05	\$892.78	\$1,841.34
PPO HSA -Delta Incentive*	\$0.00	\$1,237.09	\$891.82	\$1,840.38
PPO HSA -Anthem PPO	\$0.00	\$1,219.62	\$874.34	\$1,822.91
PPO HSA -MetLife DHMO	\$0.00	\$1,162.91	\$820.02	\$1,768.58

MINIMUM VALUE MEDICAL PLANS				
Medical Plan - Dental Plan Combination	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
Kaiser MVP - Delta PPO	\$0.00	\$56.30	\$0.00	\$129.90
Kaiser MVP - Delta Incentive*	\$0.00	\$55.34	\$0.00	\$128.94
Kaiser MVP - Anthem PPO	\$0.00	\$37.87	\$0.00	\$111.47
Kaiser MVP - MetLife DHMO	\$0.00	\$0.00	\$0.00	\$57.14
PPO CHOICE MVP - Delta PPO	\$0.00	\$0.00	\$0.00	\$0.00
PPO CHOICE MVP - Delta Incentive*	\$0.00	\$0.00	\$0.00	\$0.00
PPO CHOICE MVP - Anthem PPO	\$0.00	\$0.00	\$0.00	\$0.00
PPO CHOICE MVP - MetLife DHMO	\$0.00	\$0.00	\$0.00	\$0.00

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