

Full Time Employees – Classified

Employee Contribution Rates for 2025-2026 - **ADJUSTED**

The amount listed is the employee’s **adjusted** 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	\$658.71	\$384.57	\$1,044.78
Anthem HMO 20 / VSP Vision / Anthem PPO	\$ 0.00	\$643.35	\$369.21	\$1,029.42
Anthem HMO 20 / VSP Vision / MetLife DHMO	\$ 0.00	\$596.09	\$323.94	\$984.15
Anthem HMO 20 / EyeMed Vision / Delta Dental PPO	\$ 0.00	\$651.84	\$377.70	\$1,037.91
Anthem HMO 20 / EyeMed Vision / Anthem PPO	\$ 0.00	\$636.48	\$362.34	\$1,022.55
Anthem HMO 20 / EyeMed Vision / MetLife DHMO	\$ 0.00	\$589.22	\$317.07	\$977.28
Anthem HMO 30 / VSP Vision / Delta Dental PPO	\$ 0.00	\$531.55	\$275.58	\$866.16
Anthem HMO 30 / VSP Vision / Anthem PPO	\$ 0.00	\$516.19	\$260.22	\$850.80
Anthem HMO 30 / VSP Vision / MetLife DHMO	\$ 0.00	\$468.93	\$214.95	\$805.53
Anthem HMO 30 / EyeMed Vision / Delta Dental PPO	\$ 0.00	\$524.68	\$268.71	\$859.29
Anthem HMO 30 / EyeMed Vision / Anthem PPO	\$ 0.00	\$509.32	\$253.35	\$843.93
Anthem HMO 30 / EyeMed Vision / MetLife DHMO	\$ 0.00	\$462.06	\$208.08	\$798.66
Anthem DHMO 500 / VSP Vision / Delta Dental PPO	\$ 0.00	\$363.70	\$131.71	\$630.38
Anthem DHMO 500 / VSP Vision / Anthem PPO	\$ 0.00	\$348.34	\$116.35	\$615.02
Anthem DHMO 500 / VSP Vision / MetLife DHMO	\$ 0.00	\$301.08	\$71.08	\$569.75
Anthem DHMO 500 / EyeMed Vision / Delta Dental PPO	\$ 0.00	\$356.83	\$124.84	\$623.51
Anthem DHMO 500 / EyeMed Vision / Anthem PPO	\$ 0.00	\$341.47	\$109.48	\$608.15
Anthem DHMO 500 / EyeMed Vision / MetLife DHMO	\$ 0.00	\$294.21	\$64.21	\$562.88

Anthem PPO Plan Packages	Employee	Employee + Spouse	Employee + Children	Family
Anthem PPO 500 / VSP Vision / Delta Dental PPO	\$842.57	\$2,893.11	\$2,299.78	\$4,183.59
Anthem PPO 500 / VSP Vision / Anthem PPO	\$827.21	\$2,877.75	\$2,284.42	\$4,168.23
Anthem PPO 500 / VSP Vision / MetLife DHMO	\$764.03	\$2,830.49	\$2,239.15	\$4,122.96
Anthem PPO 500 / EyeMed Vision / Delta Dental PPO	\$835.70	\$2,886.24	\$2,292.91	\$4,176.72
Anthem PPO 500 / EyeMed Vision / Anthem PPO	\$820.34	\$2,870.88	\$2,277.55	\$4,161.36
Anthem PPO 500 / EyeMed Vision / MetLife DHMO	\$757.16	\$2,823.62	\$2,232.28	\$4,116.09
Anthem PPO 750 / VSP Vision / Delta Dental PPO	\$646.42	\$2,481.21	\$1,946.72	\$3,604.96
Anthem PPO 750 / VSP Vision / Anthem PPO	\$631.06	\$2,465.85	\$1,931.36	\$3,589.60
Anthem PPO 750 / VSP Vision / MetLife DHMO	\$567.88	\$2,418.59	\$1,886.09	\$3,544.33
Anthem PPO 750 / EyeMed Vision / Delta Dental PPO	\$639.55	\$2,474.34	\$1,939.85	\$3,598.09
Anthem PPO 750 / EyeMed Vision / Anthem PPO	\$624.19	\$2,458.98	\$1,924.49	\$3,582.73
Anthem PPO 750 / EyeMed Vision / MetLife DHMO	\$561.01	\$2,411.72	\$1,879.22	\$3,537.46
Anthem PPO ESS 1250 / VSP Vision / Delta Dental PPO	\$169.08	\$1,478.78	\$1,087.51	\$2,196.80
Anthem PPO ESS 1250 / VSP Vision / Anthem PPO	\$153.72	\$1,463.42	\$1,072.15	\$2,181.44
Anthem PPO ESS 1250 / VSP Vision / MetLife DHMO	\$90.54	\$1,416.16	\$1,026.88	\$2,136.17
Anthem PPO ESS 1250 / EyeMed Vision / Delta Dental PPO	\$162.21	\$1,471.91	\$1,080.64	\$2,189.93
Anthem PPO ESS 1250 / EyeMed Vision / Anthem PPO	\$146.85	\$1,456.55	\$1,065.28	\$2,174.57
Anthem PPO ESS 1250 / EyeMed Vision / MetLife DHMO	\$83.67	\$1,409.29	\$1,020.01	\$2,129.30
Anthem PPO HSA 1650 / VSP Vision / Delta Dental PPO	\$ 0.00	\$1,059.35	\$727.98	\$1,607.59
Anthem PPO HSA 1650 / VSP Vision / Anthem PPO	\$ 0.00	\$1,043.99	\$712.62	\$1,592.23
Anthem PPO HSA 1650 / VSP Vision / MetLife DHMO	\$ 0.00	\$998.72	\$667.35	\$1,546.96
Anthem PPO HSA 1650 / EyeMed Vision / Delta Dental PPO	\$ 0.00	\$1,052.48	\$721.11	\$1,600.72
Anthem PPO HSA 1650 / EyeMed Vision / Anthem PPO	\$ 0.00	\$1,037.12	\$705.75	\$1,585.36
Anthem PPO HSA 1650 / EyeMed Vision / MetLife DHMO	\$ 0.00	\$989.86	\$660.48	\$1,540.09



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 - ADJUSTED

The amount listed is the employee's **adjusted** 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	\$630.52	\$458.75	\$926.98
Kaiser HMO 20 / VSP Vision / Anthem PPO	\$ 0.00	\$615.16	\$443.39	\$911.62
Kaiser HMO 20 / VSP Vision / MetLife DHMO	\$ 0.00	\$567.90	\$398.12	\$866.35
Kaiser HMO 20 / EyeMed Vision / Delta Dental PPO	\$ 0.00	\$623.65	\$451.88	\$920.11
Kaiser HMO 20 / EyeMed Vision / Anthem PPO	\$ 0.00	\$608.29	\$436.52	\$904.75
Kaiser HMO 20 / EyeMed Vision / MetLife DHMO	\$ 0.00	\$561.03	\$391.25	\$859.48
Kaiser DHMO 500 / VSP Vision / Delta Dental PPO	\$ 0.00	\$321.23	\$177.60	\$505.24
Kaiser DHMO 500 / VSP Vision / Anthem PPO	\$ 0.00	\$305.87	\$162.24	\$489.88
Kaiser DHMO 500 / VSP Vision / MetLife DHMO	\$ 0.00	\$258.61	\$116.97	\$444.61
Kaiser DHMO 500 / EyeMed Vision / Delta Dental PPO	\$ 0.00	\$314.36	\$170.73	\$498.37
Kaiser DHMO 500 / EyeMed Vision / Anthem PPO	\$ 0.00	\$299.00	\$155.37	\$483.01
Kaiser DHMO 500 / EyeMed Vision / MetLife DHMO	\$ 0.00	\$251.74	\$110.10	\$437.74
Kaiser HSA / VSP Vision / Delta Dental PPO	\$ 0.00	\$183.55	\$52.39	\$317.46
Kaiser HSA / VSP Vision / Anthem PPO	\$ 0.00	\$168.19	\$37.03	\$302.10
Kaiser HSA / VSP Vision / MetLife DHMO	\$ 0.00	\$120.93	\$ 0.00	\$256.83
Kaiser HSA / EyeMed Vision / Delta Dental PPO	\$ 0.00	\$176.68	\$45.52	\$310.59
Kaiser HSA / EyeMed Vision / Anthem PPO	\$ 0.00	\$161.32	\$30.16	\$295.23
Kaiser HSA / EyeMed Vision / MetLife DHMO	\$ 0.00	\$114.06	\$ 0.00	\$249.96

Minimum Value Plan Packages	Employee	Employee + Spouse	Employee + Children	Family
Kaiser MVP / VSP Vision / Delta Dental PPO	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Kaiser MVP / VSP Vision / Anthem PPO	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Kaiser MVP / VSP Vision / MetLife DHMO	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Kaiser MVP / EyeMed Vision / Delta Dental PPO	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Kaiser MVP / EyeMed Vision / Anthem PPO	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Kaiser MVP / EyeMed Vision / MetLife DHMO	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
PPO CHOICE MVP / VSP Vision / Delta Dental PPO	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
PPO CHOICE MVP / VSP Vision / Anthem PPO	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
PPO CHOICE MVP / VSP Vision / MetLife DHMO	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
PPO CHOICE MVP / EyeMed Vision / Delta Dental PPO	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
PPO CHOICE MVP / EyeMed Vision / Anthem PPO	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
PPO CHOICE MVP / EyeMed Vision / MetLife DHMO	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00



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.