

## Full Time Employees – Classified

### Employee Contribution Rates for 2024-2025

The amount listed is the employee’s share of the monthly premium and include District contribution for coverage beginning 7/1/2024 through 6/30/2025.  
 \*\*\*EyeMed Vision is closed to New Enrollments\*\*\*

Anthem HMO Plan Packages	Employee	Employee + Spouse	Employee + Children	Family
Anthem HMO 20 / VSP Vision / Delta Dental PPO	\$ 0.00	\$852.12	\$590.04	\$1,282.16
Anthem HMO 20 / VSP Vision / Anthem PPO	\$ 0.00	\$836.76	\$574.68	\$1,266.80
Anthem HMO 20 / VSP Vision / MetLife DHMO	\$ 0.00	\$789.50	\$529.41	\$1,221.53
Anthem HMO 20 / EyeMed Vision / Delta Dental PPO	\$ 0.00	\$845.25	\$583.17	\$1,275.29
Anthem HMO 20 / EyeMed Vision / Anthem PPO	\$ 0.00	\$829.89	\$567.81	\$1,259.93
Anthem HMO 20 / EyeMed Vision / MetLife DHMO	\$ 0.00	\$782.63	\$522.54	\$1,214.66
Anthem HMO 30 / VSP Vision / Delta Dental PPO	\$ 0.00	\$730.55	\$485.84	\$1,111.39
Anthem HMO 30 / VSP Vision / Anthem PPO	\$ 0.00	\$715.19	\$470.48	\$1,096.03
Anthem HMO 30 / VSP Vision / MetLife DHMO	\$ 0.00	\$667.93	\$425.21	\$1,050.76
Anthem HMO 30 / EyeMed Vision / Delta Dental PPO	\$ 0.00	\$723.68	\$478.97	\$1,104.52
Anthem HMO 30 / EyeMed Vision / Anthem PPO	\$ 0.00	\$708.32	\$463.61	\$1,089.16
Anthem HMO 30 / EyeMed Vision / MetLife DHMO	\$ 0.00	\$661.06	\$418.34	\$1,043.89
Anthem DHMO 500 / VSP Vision / Delta Dental PPO	\$ 0.00	\$570.09	\$348.30	\$885.98
Anthem DHMO 500 / VSP Vision / Anthem PPO	\$ 0.00	\$554.73	\$332.94	\$870.62
Anthem DHMO 500 / VSP Vision / MetLife DHMO	\$ 0.00	\$507.47	\$287.67	\$825.35
Anthem DHMO 500 / EyeMed Vision / Delta Dental PPO	\$ 0.00	\$563.22	\$341.43	\$879.11
Anthem DHMO 500 / EyeMed Vision / Anthem PPO	\$ 0.00	\$547.86	\$326.07	\$863.75
Anthem DHMO 500 / EyeMed Vision / MetLife DHMO	\$ 0.00	\$500.60	\$280.80	\$818.48

Anthem PPO Plan Packages	Employee	Employee + Spouse	Employee + Children	Family
Anthem PPO 500 / VSP Vision / Delta Dental PPO	\$1,008.39	\$2,988.26	\$2,421.02	\$4,282.93
Anthem PPO 500 / VSP Vision / Anthem PPO	\$993.03	\$2,972.90	\$2,405.66	\$4,267.57
Anthem PPO 500 / VSP Vision / MetLife DHMO	\$929.85	\$2,925.64	\$2,360.39	\$4,222.30
Anthem PPO 500 / EyeMed Vision / Delta Dental PPO	\$1,001.52	\$2,981.39	\$2,414.15	\$4,276.06
Anthem PPO 500 / EyeMed Vision / Anthem PPO	\$986.16	\$2,966.03	\$2,398.79	\$4,260.70
Anthem PPO 500 / EyeMed Vision / MetLife DHMO	\$922.98	\$2,918.77	\$2,353.52	\$4,215.43
Anthem PPO 750 / VSP Vision / Delta Dental PPO	\$820.87	\$2,594.47	\$2,083.49	\$3,729.75
Anthem PPO 750 / VSP Vision / Anthem PPO	\$805.51	\$2,579.11	\$2,068.13	\$3,714.39
Anthem PPO 750 / VSP Vision / MetLife DHMO	\$742.33	\$2,531.85	\$2,022.86	\$3,669.12
Anthem PPO 750 / EyeMed Vision / Delta Dental PPO	\$814.00	\$2,587.60	\$2,076.62	\$3,722.88
Anthem PPO 750 / EyeMed Vision / Anthem PPO	\$798.64	\$2,572.24	\$2,061.26	\$3,707.52
Anthem PPO 750 / EyeMed Vision / MetLife DHMO	\$735.46	\$2,524.98	\$2,015.99	\$3,662.25
Anthem PPO ESS 1250 / VSP Vision / Delta Dental PPO	\$364.52	\$1,636.13	\$1,262.06	\$2,383.51
Anthem PPO ESS 1250 / VSP Vision / Anthem PPO	\$349.16	\$1,620.77	\$1,246.70	\$2,368.15
Anthem PPO ESS 1250 / VSP Vision / MetLife DHMO	\$285.98	\$1,573.51	\$1,201.43	\$2,322.88
Anthem PPO ESS 1250 / EyeMed Vision / Delta Dental PPO	\$357.65	\$1,629.26	\$1,255.19	\$2,376.64
Anthem PPO ESS 1250 / EyeMed Vision / Anthem PPO	\$342.29	\$1,613.90	\$1,239.83	\$2,361.28
Anthem PPO ESS 1250 / EyeMed Vision / MetLife DHMO	\$279.11	\$1,566.64	\$1,194.56	\$2,316.01
Anthem PPO HSA 1600 / VSP Vision / Delta Dental PPO	\$173.57	\$1,235.14	\$918.35	\$1,820.21
Anthem PPO HSA 1600 / VSP Vision / Anthem PPO	\$158.21	\$1,219.78	\$902.99	\$1,804.85
Anthem PPO HSA 1600 / VSP Vision / MetLife DHMO	\$95.03	\$1,172.52	\$857.72	\$1,759.58
Anthem PPO HSA 1600 / EyeMed Vision / Delta Dental PPO	\$166.70	\$1,228.27	\$911.48	\$1,813.34
Anthem PPO HSA 1600 / EyeMed Vision / Anthem PPO	\$151.34	\$1,212.91	\$896.12	\$1,797.98
Anthem PPO HSA 1600 / EyeMed Vision / MetLife DHMO	\$88.16	\$1,165.65	\$850.85	\$1,752.71



For questions, please email our Benefits Office at [benefits@msjc.edu](mailto: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.

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Kaiser HMO Plan Packages	Employee	Employee + Spouse	Employee + Children	Family
Kaiser HMO 20 / VSP Vision / Delta Dental PPO	\$0.00	\$798.31	\$636.55	\$1,132.82
Kaiser HMO 20 / VSP Vision / Anthem PPO	\$0.00	\$782.95	\$621.19	\$1,117.46
Kaiser HMO 20 / VSP Vision / MetLife DHMO	\$0.00	\$735.69	\$575.92	\$1,072.19
Kaiser HMO 20 / EyeMed Vision / Delta Dental PPO	\$0.00	\$791.44	\$629.68	\$1,125.95
Kaiser HMO 20 / EyeMed Vision / Anthem PPO	\$0.00	\$776.08	\$614.32	\$1,110.59
Kaiser HMO 20 / EyeMed Vision / MetLife DHMO	\$0.00	\$728.82	\$569.05	\$1,065.32
Kaiser DHMO 500 / VSP Vision / Delta Dental PPO	\$0.00	\$507.05	\$371.80	\$735.67
Kaiser DHMO 500 / VSP Vision / Anthem PPO	\$0.00	\$491.69	\$356.44	\$720.31
Kaiser DHMO 500 / VSP Vision / MetLife DHMO	\$0.00	\$444.43	\$311.17	\$675.04
Kaiser DHMO 500 / EyeMed Vision / Delta Dental PPO	\$0.00	\$500.18	\$364.93	\$728.80
Kaiser DHMO 500 / EyeMed Vision / Anthem PPO	\$0.00	\$484.82	\$349.57	\$713.44
Kaiser DHMO 500 / EyeMed Vision / MetLife DHMO	\$0.00	\$437.56	\$304.30	\$668.17
Kaiser HSA / VSP Vision / Delta Dental PPO	\$0.00	\$377.40	\$253.89	\$558.84
Kaiser HSA / VSP Vision / Anthem PPO	\$0.00	\$362.04	\$238.53	\$543.48
Kaiser HSA / VSP Vision / MetLife DHMO	\$0.00	\$314.78	\$193.26	\$498.21
Kaiser HSA / EyeMed Vision / Delta Dental PPO	\$0.00	\$370.53	\$247.02	\$551.97
Kaiser HSA / EyeMed Vision / Anthem PPO	\$0.00	\$355.17	\$231.66	\$536.61
Kaiser HSA / EyeMed Vision / MetLife DHMO	\$0.00	\$307.91	\$186.39	\$491.34

Minimum Value Plan Packages	Employee	Employee + Spouse	Employee + Children	Family
Kaiser MVP / VSP Vision / Delta Dental PPO	\$0.00	\$145.51	\$43.11	\$242.67
Kaiser MVP / VSP Vision / Anthem PPO	\$0.00	\$130.15	\$27.75	\$227.31
Kaiser MVP / VSP Vision / MetLife DHMO	\$0.00	\$82.89	\$0.00	\$182.04
Kaiser MVP / EyeMed Vision / Delta Dental PPO	\$0.00	\$138.64	\$36.24	\$235.80
Kaiser MVP / EyeMed Vision / Anthem PPO	\$0.00	\$123.28	\$20.88	\$220.44
Kaiser MVP / EyeMed Vision / MetLife DHMO	\$0.00	\$76.02	\$0.00	\$175.17
PPO CHOICE MVP / VSP Vision / Delta Dental PPO	\$0.00	\$0.00	\$0.00	\$21.71
PPO CHOICE MVP / VSP Vision / Anthem PPO	\$0.00	\$0.00	\$0.00	\$6.35
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	\$14.84
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](mailto: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.