



Full Time Employees - Faculty, Sup/Conf, Administrators Employee Contribution Rates for 2026-2027

The amount listed is the employee's share of the monthly premium and include District contribution for coverage beginning 7/1/2026 through 6/30/2027.

Pay Cycle	Anthem HMO Plan Packages	Employee	Employee + Spouse/RDP	Employee + Children	Family
12 month	Anthem HMO 20 / VSP Vision / Delta Dental PPO	\$ 0.00	\$808.96	\$514.78	\$1,251.81
11 month	Anthem HMO 20 / VSP Vision / Delta Dental PPO	\$ 0.00	\$882.50	\$561.58	\$1,365.61
10 month	Anthem HMO 20 / VSP Vision / Delta Dental PPO	\$ 0.00	\$970.75	\$617.74	\$1,502.17
12 month	Anthem HMO 30 / VSP Vision / Delta Dental PPO	\$ 0.00	\$672.51	\$397.83	\$1,060.13
11 month	Anthem HMO 30 / VSP Vision / Delta Dental PPO	\$ 0.00	\$733.65	\$434.00	\$1,156.50
10 month	Anthem HMO 30 / VSP Vision / Delta Dental PPO	\$ 0.00	\$807.01	\$477.40	\$1,272.15
12 month	Anthem DHMO 500 / VSP Vision / Delta Dental PPO	\$ 0.00	\$492.39	\$243.44	\$807.12
11 month	Anthem DHMO 500 / VSP Vision / Delta Dental PPO	\$ 0.00	\$537.15	\$265.57	\$880.49
10 month	Anthem DHMO 500 / VSP Vision / Delta Dental PPO	\$ 0.00	\$590.87	\$292.13	\$968.54

Pay Cycle	Anthem PPO Plan Packages	Employee	Employee + Spouse/RDP	Employee + Children	Family
12 month	Anthem PPO 500 / VSP Vision / Delta Dental PPO	\$997.12	\$3,206.70	\$2,569.99	\$4,620.07
11 month	Anthem PPO 500 / VSP Vision / Delta Dental PPO	\$1,087.77	\$3,498.22	\$2,803.63	\$5,040.07
10 month	Anthem PPO 500 / VSP Vision / Delta Dental PPO	\$1,196.54	\$3,848.04	\$3,083.99	\$5,544.08
12 month	Anthem PPO 750 / VSP Vision / Delta Dental PPO	\$786.64	\$2,764.69	\$2,191.13	\$3,999.14
11 month	Anthem PPO 750 / VSP Vision / Delta Dental PPO	\$858.15	\$3,016.03	\$2,390.32	\$4,362.69
10 month	Anthem PPO 750 / VSP Vision / Delta Dental PPO	\$943.97	\$3,317.63	\$2,629.36	\$4,798.96
12 month	Anthem PPO ESS 1250 / VSP Vision / Delta Dental PPO	\$274.40	\$1,688.98	\$1,252.73	\$2,488.04
11 month	Anthem PPO ESS 1250 / VSP Vision / Delta Dental PPO	\$299.35	\$1,842.52	\$1,384.48	\$2,714.22
10 month	Anthem PPO ESS 1250 / VSP Vision / Delta Dental PPO	\$329.28	\$2,026.78	\$1,522.93	\$2,985.64
12 month	Anthem PPO HSA 1650 / VSP Vision / Delta Dental PPO	\$60.06	\$1,238.89	\$883.30	\$1,855.76
11 month	Anthem PPO HSA 1650 / VSP Vision / Delta Dental PPO	\$65.52	\$1,351.52	\$963.60	\$2,024.46
10 month	Anthem PPO HSA 1650 / VSP Vision / Delta Dental PPO	\$72.07	\$1,486.67	\$1,059.96	\$2,226.91

Pay Cycle	Kaiser HMO Plan Packages	Employee	Employee + Spouse/RDP	Employee + Children	Family
12 month	Kaiser HMO 20 / VSP Vision / Delta Dental PPO	\$ 0.00	\$783.02	\$598.39	\$1,130.89
11 month	Kaiser HMO 20 / VSP Vision / Delta Dental PPO	\$ 0.00	\$854.20	\$652.79	\$1,233.69
10 month	Kaiser HMO 20 / VSP Vision / Delta Dental PPO	\$ 0.00	\$939.62	\$718.07	\$1,357.06
12 month	Kaiser DHMO 500 / VSP Vision / Delta Dental PPO	\$ 0.00	\$450.58	\$296.21	\$677.59
11 month	Kaiser DHMO 500 / VSP Vision / Delta Dental PPO	\$ 0.00	\$491.54	\$323.14	\$739.18
10 month	Kaiser DHMO 500 / VSP Vision / Delta Dental PPO	\$ 0.00	\$540.70	\$355.45	\$813.10
12 month	Kaiser HSA 1600 / VSP Vision / Delta Dental PPO	\$ 0.00	\$302.60	\$161.63	\$475.76
11 month	Kaiser HSA 1600 / VSP Vision / Delta Dental PPO	\$ 0.00	\$330.11	\$176.32	\$519.01
10 month	Kaiser HSA 1600 / VSP Vision / Delta Dental PPO	\$ 0.00	\$363.12	\$193.96	\$570.91

Pay Cycle	Minimum Value Plan Packages	Employee	Employee + Spouse/RDP	Employee + Children	Family
12 month	Kaiser MVP / VSP Vision / Delta Dental PPO	\$ 0.00	\$37.92	\$ 0.00	\$114.89
11 month	Kaiser MVP / VSP Vision / Delta Dental PPO	\$ 0.00	\$41.37	\$ 0.00	\$125.33
10 month	Kaiser MVP / VSP Vision / Delta Dental PPO	\$ 0.00	\$45.50	\$ 0.00	\$137.86
12 month	PPO CHOICE MVP / VSP Vision / Delta Dental PPO	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
11 month	PPO CHOICE MVP / VSP Vision / Delta Dental PPO	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
10 month	PPO CHOICE MVP / VSP Vision / Delta Dental PPO	\$ 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. RDP=Registered Domestic Partner