

## Full Time Employees – Classified

### Employee Contribution Rates for 2026-2027

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

Anthem HMO Plan Packages	Employee	Employee+ Spouse/RDP	Employee+ Children	Family
Anthem HMO 20 / VSP Vision / Delta Dental PPO	\$ 0.00	\$808.96	\$514.78	\$1,251.81
Anthem HMO 20 / VSP Vision / Anthem PPO	\$ 0.00	\$783.62	\$489.44	\$1,226.47
Anthem HMO 20 / VSP Vision / MetLife DHMO	\$ 0.00	\$736.36	\$444.17	\$1,181.20
Anthem HMO 20 / EyeMed Vision / Delta Dental PPO	\$ 0.00	\$802.09	\$507.91	\$1,244.94
Anthem HMO 20 / EyeMed Vision / Anthem PPO	\$ 0.00	\$776.75	\$482.57	\$1,219.60
Anthem HMO 20 / EyeMed Vision / MetLife DHMO	\$ 0.00	\$729.49	\$437.30	\$1,174.33
Anthem HMO 30 / VSP Vision / Delta Dental PPO	\$ 0.00	\$672.51	\$397.83	\$1,060.13
Anthem HMO 30 / VSP Vision / Anthem PPO	\$ 0.00	\$647.17	\$372.49	\$1,034.79
Anthem HMO 30 / VSP Vision / MetLife DHMO	\$ 0.00	\$599.91	\$327.22	\$989.52
Anthem HMO 30 / EyeMed Vision / Delta Dental PPO	\$ 0.00	\$665.64	\$390.96	\$1,053.26
Anthem HMO 30 / EyeMed Vision / Anthem PPO	\$ 0.00	\$640.30	\$365.62	\$1,027.92
Anthem HMO 30 / EyeMed Vision / MetLife DHMO	\$ 0.00	\$593.04	\$320.35	\$982.65
Anthem DHMO 500 / VSP Vision / Delta Dental PPO	\$ 0.00	\$492.39	\$243.44	\$807.12
Anthem DHMO 500 / VSP Vision / Anthem PPO	\$ 0.00	\$467.05	\$218.10	\$781.78
Anthem DHMO 500 / VSP Vision / MetLife DHMO	\$ 0.00	\$419.79	\$172.83	\$736.51
Anthem DHMO 500 / EyeMed Vision / Delta Dental PPO	\$ 0.00	\$485.52	\$236.57	\$800.25
Anthem DHMO 500 / EyeMed Vision / Anthem PPO	\$ 0.00	\$460.18	\$211.23	\$774.91
Anthem DHMO 500 / EyeMed Vision / MetLife DHMO	\$ 0.00	\$412.92	\$165.96	\$729.64

Anthem PPO Plan Packages	Employee	Employee + Spouse/RDP	Employee+ Children	Family
Anthem PPO 500 / VSP Vision / Delta Dental PPO	\$997.12	\$3,206.70	\$2,569.99	\$4,620.07
Anthem PPO 500 / VSP Vision / Anthem PPO	\$971.78	\$3,181.36	\$2,544.65	\$4,594.73
Anthem PPO 500 / VSP Vision / MetLife DHMO	\$908.60	\$3,134.10	\$2,499.38	\$4,549.46
Anthem PPO 500 / EyeMed Vision / Delta Dental PPO	\$990.25	\$3,199.83	\$2,563.12	\$4,613.20
Anthem PPO 500 / EyeMed Vision / Anthem PPO	\$964.91	\$3,174.49	\$2,537.78	\$4,587.86
Anthem PPO 500 / EyeMed Vision / MetLife DHMO	\$901.73	\$3,127.23	\$2,492.51	\$4,542.59
Anthem PPO 750 / VSP Vision / Delta Dental PPO	\$786.64	\$2,764.69	\$2,191.13	\$3,999.14
Anthem PPO 750 / VSP Vision / Anthem PPO	\$761.30	\$2,739.35	\$2,165.79	\$3,973.80
Anthem PPO 750 / VSP Vision / MetLife DHMO	\$698.12	\$2,692.09	\$2,120.52	\$3,928.53
Anthem PPO 750 / EyeMed Vision / Delta Dental PPO	\$779.77	\$2,757.82	\$2,184.26	\$3,992.27
Anthem PPO 750 / EyeMed Vision / Anthem PPO	\$754.43	\$2,732.48	\$2,158.92	\$3,966.93
Anthem PPO 750 / EyeMed Vision / MetLife DHMO	\$691.25	\$2,685.22	\$2,113.65	\$3,921.66
Anthem PPO ESS 1250 / VSP Vision / Delta Dental PPO	\$274.40	\$1,688.98	\$1,269.11	\$2,488.04
Anthem PPO ESS 1250 / VSP Vision / Anthem PPO	\$249.06	\$1,663.64	\$1,243.77	\$2,462.70
Anthem PPO ESS 1250 / VSP Vision / MetLife DHMO	\$185.88	\$1,616.38	\$1,198.50	\$2,417.43
Anthem PPO ESS 1250 / EyeMed Vision / Delta Dental PPO	\$267.53	\$1,682.11	\$1,262.24	\$2,481.17
Anthem PPO ESS 1250 / EyeMed Vision / Anthem PPO	\$242.19	\$1,656.77	\$1,236.90	\$2,455.83
Anthem PPO ESS 1250 / EyeMed Vision / MetLife DHMO	\$179.01	\$1,609.51	\$1,191.63	\$2,410.56
Anthem PPO HSA 1 / VSP Vision / Delta Dental PPO	\$60.06	\$1,238.89	\$883.30	\$1,855.76
Anthem PPO HSA 1 / VSP Vision / Anthem PPO	\$34.72	\$1,213.55	\$857.96	\$1,830.42
Anthem PPO HSA 1 / VSP Vision / MetLife DHMO	\$ 0.00	\$1,166.29	\$812.69	\$1,785.15
Anthem PPO HSA 1 / EyeMed Vision / Delta Dental PPO	\$53.19	\$1,232.02	\$876.43	\$1,848.89
Anthem PPO HSA 1 / EyeMed Vision / Anthem PPO	\$27.85	\$1,206.68	\$851.09	\$1,823.55
Anthem PPO HSA 1 / EyeMed Vision / MetLife DHMO	\$ 0.00	\$1,159.42	\$805.82	\$1,778.28



For questions, please email our Benefits Department 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. RDP=Registered Domestic Partner

## Full Time Employees – Classified

### Employee Contribution Rates for 2026-2027

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

Kaiser HMO Plan Packages	Employee	Employee+ Spouse/RDP	Employee + Children	Family
Kaiser HMO 20 / VSP Vision / Delta Dental PPO	\$ 0.00	\$783.02	\$598.39	\$1,130.89
Kaiser HMO 20 / VSP Vision / Anthem PPO	\$ 0.00	\$757.68	\$573.05	\$1,105.55
Kaiser HMO 20 / VSP Vision / MetLife DHMO	\$ 0.00	\$710.42	\$527.78	\$1,060.28
Kaiser HMO 20 / EyeMed Vision / Delta Dental PPO	\$ 0.00	\$776.15	\$591.52	\$1,124.02
Kaiser HMO 20 / EyeMed Vision / Anthem PPO	\$ 0.00	\$750.81	\$566.18	\$1,098.68
Kaiser HMO 20 / EyeMed Vision / MetLife DHMO	\$ 0.00	\$703.55	\$520.91	\$1,053.41
Kaiser DHMO 500 / VSP Vision / Delta Dental PPO	\$ 0.00	\$450.58	\$296.21	\$677.59
Kaiser DHMO 500 / VSP Vision / Anthem PPO	\$ 0.00	\$425.24	\$270.87	\$652.25
Kaiser DHMO 500 / VSP Vision / MetLife DHMO	\$ 0.00	\$377.98	\$225.60	\$606.98
Kaiser DHMO 500 / EyeMed Vision / Delta Dental PPO	\$ 0.00	\$443.71	\$289.34	\$670.72
Kaiser DHMO 500 / EyeMed Vision / Anthem PPO	\$ 0.00	\$418.37	\$264.00	\$645.38
Kaiser DHMO 500 / EyeMed Vision / MetLife DHMO	\$ 0.00	\$371.11	\$218.73	\$600.11
Kaiser HSA / VSP Vision / Delta Dental PPO	\$ 0.00	\$302.60	\$161.63	\$475.76
Kaiser HSA / VSP Vision / Anthem PPO	\$ 0.00	\$277.26	\$136.29	\$450.42
Kaiser HSA / VSP Vision / MetLife DHMO	\$ 0.00	\$230.00	\$91.02	\$405.15
Kaiser HSA / EyeMed Vision / Delta Dental PPO	\$ 0.00	\$295.73	\$154.76	\$468.89
Kaiser HSA / EyeMed Vision / Anthem PPO	\$ 0.00	\$270.39	\$129.42	\$443.55
Kaiser HSA / EyeMed Vision / MetLife DHMO	\$ 0.00	\$223.13	\$84.15	\$398.28

Minimum Value Plan Packages	Employee	Employee + Spouse/RDP	Employee + Children	Family
Kaiser MVP / VSP Vision / Delta Dental PPO	\$ 0.00	\$37.92	\$ 0.00	\$114.89
Kaiser MVP / VSP Vision / Anthem PPO	\$ 0.00	\$12.58	\$ 0.00	\$89.55
Kaiser MVP / VSP Vision / MetLife DHMO	\$ 0.00	\$ 0.00	\$ 0.00	\$44.28
Kaiser MVP / EyeMed Vision / Delta Dental PPO	\$ 0.00	\$31.05	\$ 0.00	\$108.02
Kaiser MVP / EyeMed Vision / Anthem PPO	\$ 0.00	\$ 5.71	\$ 0.00	\$82.68
Kaiser MVP / EyeMed Vision / MetLife DHMO	\$ 0.00	\$ 0.00	\$ 0.00	\$37.41
Anthem MVP PPO / VSP Vision / Delta Dental PPO	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Anthem MVP PPO / VSP Vision / Anthem PPO	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Anthem MVP PPO / VSP Vision / MetLife DHMO	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Anthem MVP PPO / EyeMed Vision / Delta Dental PPO	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Anthem MVP PPO / EyeMed Vision / Anthem PPO	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Anthem MVP PPO / EyeMed Vision / MetLife DHMO	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00



For questions, please email our Benefits Department 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. **RDP**=Registered Domestic Partner