West Valley-Mission Community College District

Medical Plan Options and Costs
May 1, 2027 - October 31, 2027
Part Time Faculty (40%+ Load)

Part-Time Faculty who are eligible for medical coverage by teaching a 40% or greater load in the Spring Semester can enroll in a plan that provides coverage from May through October of the 2027 calendar year. The cost of six months of coverage is converted to payroll deductions taken over four pay periods in the May, September 10, September end of month, and October paychecks. If a faculty member is not teaching in the following semester or receives a paycheck lower than the contribution amount, the faculty member will be directly billed.

	2027 Monthly Costs			Total Employee Cost May - October 2027	Payroll Contribution #1	Payroll Contribution #2	Payroll Contribution #3	Payroll Contribution #4
	Total Premium	District Cost	Employee Cost	Six Months of Coverage	May 2027	September 10, 2027	September End of Month	October 2027
Anthem Select HMO								
Employee Only	$1,486.44	$1,486.44	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Employee +1	$2,972.88	$2,937.24	$35.64	$213.84	$53.46	$53.46	$53.46	$53.46
Employee + 2 or More	$3,864.74	$3,769.84	$94.90	$569.40	$142.35	$142.35	$142.35	$142.35
Anthem Traditional HMO								
Employee Only	$1,732.52	$1,549.67	$182.85	$1,097.10	$274.28	$274.28	$274.28	$274.28
Employee +1	$3,465.04	$2,937.25	$527.79	$3,166.74	$791.69	$791.69	$791.69	$791.69
Employee + 2 or More	$4,504.55	$3,769.84	$734.71	$4,408.26	$1,102.07	$1,102.07	$1,102.07	$1,102.07
Blue Shield Access+ HMO								
Employee Only	$1,479.12	$1,479.12	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Employee +1	$2,958.24	$2,937.25	$20.99	$125.94	$31.49	$31.49	$31.49	$31.49
Employee + 2 or More	$3,845.71	$3,769.84	$75.87	$455.22	$113.81	$113.81	$113.81	$113.81
Blue Shield Trio HMO								
Employee Only	$1,202.57	$1,202.57	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Employee +1	$2,405.14	$2,405.14	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Employee + 2 or More	$3,126.68	$3,126.68	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Kaiser HMO								
Employee Only	$1,187.63	$1,187.63	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Employee +1	$2,375.26	$2,375.26	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Employee + 2 or More	$3,087.84	$3,087.84	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
PERS Gold PPO								
Employee Only	$1,215.17	$1,215.17	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Employee +1	$2,430.34	$2,430.34	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Employee + 2 or More	$3,159.44	$3,159.44	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
PERS Platinum PPO								
Employee Only	$1,778.62	$1,549.67	$228.95	$1,373.70	$343.43	$343.43	$343.43	$343.43
Employee +1	$3,557.24	$2,937.25	$619.99	$3,719.94	$929.99	$929.99	$929.99	$929.99
Employee + 2 or More	$4,624.41	$3,769.84	$854.57	$5,127.42	$1,281.86	$1,281.86	$1,281.86	$1,281.86

*Locally available plans are those offered in the following counties: Santa Clara, San Mateo, Alameda, San Francisco, and Contra Costa. If you reside in another county, there may be a different selection of health plans with different rates. If this applies to you, you may contact HR for more information.

For those who lose eligibility due to a reduction in hours, COBRA continuation coverage may be offered at a rate of 102% of the total monthly premium.