

## Health Care Plan Options and Costs Changes from 2024 to 2025

## Employee Contributions Per Pay Period Administrators, Board of Trustees, Confidentials, POA, Supervisors, WVMCEA

Community College District	D	eltaCare HN	10	Delta	Care HMO	& VSP		Delta PPO		Delta PPO & VSP		'SP
	2024	2025	Change from 2024	2024	2025	Change from 2024	2024	2025	Change from 2024	2024	2025	Change from 2024
Anthem Select HMO Employee Only Employee +1 Employee + 2 or More	\$52.34	\$63.31	\$10.97	\$67.82	\$77.71	\$9.89	\$100.23	\$117.42	\$17.19	\$115.71	\$131.82	\$16.11
	\$166.78	\$192.30	\$25.52	\$182.26	\$206.70	\$24.44	\$214.67	\$246.41	\$31.74	\$230.15	\$260.81	\$30.66
	\$235.52	\$269.70	\$34.18	\$251.00	\$284.10	\$33.10	\$283.41	\$323.81	\$40.40	\$298.89	\$338.21	\$39.32
Anthem Traditional HMO Employee Only Employee +1 Employee + 2 or More	\$253.18	\$307.06	\$53.88	\$268.66	\$321.46	\$52.80	\$301.07	\$361.17	\$60.10	\$316.55	\$375.57	\$59.02
	\$568.46	\$679.80	\$111.34	\$583.94	\$694.20	\$110.26	\$616.35	\$733.91	\$117.56	\$631.83	\$748.31	\$116.48
	\$757.70	\$903.45	\$145.75	\$773.18	\$917.85	\$144.67	\$805.59	\$957.56	\$151.97	\$821.07	\$971.96	\$150.89
Blue Shield Access+ HMO Employee Only Employee +1 Employee + 2 or More	\$0.00	\$0.00	\$0.00	\$5.80	\$0.00	-\$5.80	\$38.21	\$30.94	-\$7.27	\$53.69	\$45.34	-\$8.35
	\$42.74	\$19.34	- <b>\$23.40</b>	\$58.22	\$33.74	-\$24.48	\$90.63	\$73.45	-\$17.18	\$106.11	\$87.85	-\$18.26
	\$74.26	\$44.85	- <b>\$29.41</b>	\$89.74	\$59.25	-\$30.49	\$122.15	\$98.96	-\$23.19	\$137.63	\$113.36	-\$24.27
Blue Shield Trio HMO Employee Only Employee +1 Employee + 2 or More	not available	\$0.00 \$0.00 \$0.00	n/a	not available	\$0.00 \$0.00 \$0.00	n/a	not available	\$0.00 \$2.69 \$6.97	n/a	not available	\$9.96 \$17.09 \$21.37	n/a
Kaiser HMO Employee Only Employee +1 Employee + 2 or More	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
UnitedHealthCare Alliance HMO Employee Only Employee +1 Employee + 2 or More	\$4.61	\$0.00	-\$4.61	\$20.09	\$5.64	-\$14.45	\$52.50	\$45.35	-\$7.15	\$67.98	\$59.75	-\$8.23
	\$71.32	\$48.16	-\$23.16	\$86.80	\$62.56	-\$24.24	\$119.21	\$102.27	-\$16.94	\$134.69	\$116.67	-\$18.02
	\$111.42	\$82.32	-\$29.10	\$126.90	\$96.72	-\$30.18	\$159.31	\$136.43	-\$22.88	\$174.79	\$150.83	-\$23.96
UnitedHealthCare Harmony HMO Employee Only Employee +1 Employee + 2 or More	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PERS Gold PPO Employee Only Employee +1 Employee + 2 or More	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PERS Platinum PPO Employee Only Employee +1 Employee + 2 or More	\$227.75	\$282.76	\$55.01	\$243.23	\$297.16	\$53.93	\$275.64	\$336.87	\$61.23	\$291.12	\$351.27	\$60.15
	\$517.60	\$631.20	\$113.60	\$533.08	\$645.60	\$112.52	\$565.49	\$685.31	\$119.82	\$580.97	\$699.71	\$118.74
	\$691.58	\$840.27	\$148.69	\$707.06	\$854.67	\$147.61	\$739.47	\$894.38	\$154.91	\$754.95	\$908.78	\$153.83
PORAC PPO (Association Plan) Employee Only Employee +1 Employee + 2 or More	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	\$6.06	\$0.00	- <b>\$6.06</b>	\$21.54	\$0.00	- <b>\$21.54</b>	\$53.95	\$0.00	<b>-\$53.95</b>	\$69.43	\$0.00	<b>-\$69.43</b>
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00



## Health Care Plan Options and Costs Changes from 2024 to 2025 Employee Contributions Per Pay Period

11-Month	<b>Full-Time</b>	<b>Employees</b>
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Community College District	DeltaCare HMO			DeltaCare HMO & VSP			Delta PPO			Delta PPO & VSP		
	2024	2025	Change from 2024	2024	2025	Change from 2024	2024	2025	Change from 2024	2024	2025	Change from 2024
Anthem Select HMO Employee Only Employee +1 Employee + 2 or More	\$57.10	\$69.07	\$11.97	\$73.99	\$84.78	\$10.79	\$109.34	\$128.10	\$18.76	\$126.23	\$143.81	\$17.58
	\$181.95	\$209.78	\$27.83	\$198.83	\$225.49	\$26.66	\$234.19	\$268.81	\$34.62	\$251.08	\$284.52	\$33.44
	\$256.93	\$294.22	\$37.29	\$273.82	\$309.93	\$36.11	\$309.17	\$353.25	\$44.08	\$326.06	\$368.96	\$42.90
Anthem Traditional HMO Employee Only Employee +1 Employee + 2 or More	\$276.20	\$334.98	\$58.78	\$293.08	\$350.69	\$57.61	\$328.44	\$394.01	\$65.57	\$345.33	\$409.72	\$64.39
	\$620.14	\$741.60	\$121.46	\$637.03	\$757.31	\$120.28	\$672.39	\$800.63	\$128.24	\$689.27	\$816.33	\$127.06
	\$826.58	\$985.59	\$159.01	\$843.47	\$1,001.29	\$157.82	\$878.83	\$1,044.61	\$165.78	\$895.71	\$1,060.32	\$164.61
Blue Shield Access+ HMO Employee Only Employee +1 Employee + 2 or More	\$0.00	\$0.00	\$0.00	\$6.33	\$0.00	-\$6.33	\$41.68	\$33.76	-\$7.92	\$58.57	\$49.47	-\$9.10
	\$46.63	\$21.09	- <b>\$25.54</b>	\$63.52	\$36.80	-\$26.72	\$98.87	\$80.12	-\$18.75	\$115.76	\$95.83	-\$19.93
	\$81.01	\$48.93	- <b>\$32.08</b>	\$97.90	\$64.64	-\$33.26	\$133.25	\$107.96	-\$25.29	\$150.14	\$123.67	-\$26.47
Blue Shield Trio HMO Employee Only Employee +1 Employee + 2 or More	not available	\$0.00 \$0.00 \$0.00	n/a	not available	\$0.00 \$0.00 \$0.00	n/a	not available	\$0.00 \$2.93 \$7.61	n/a	not available	\$10.87 \$18.64 \$23.32	n/a
Kaiser HMO Employee Only Employee +1 Employee + 2 or More	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
UnitedHealthCare Alliance HMO Employee Only Employee +1 Employee + 2 or More	\$5.03	\$0.00	-\$5.03	\$21.92	\$6.16	-\$15.76	\$57.27	\$49.48	-\$7.79	\$74.16	\$65.19	-\$8.97
	\$77.81	\$52.53	-\$25.28	\$94.69	\$68.24	-\$26.45	\$130.05	\$111.56	-\$18.49	\$146.94	\$127.27	-\$19.67
	\$121.55	\$89.81	-\$31.74	\$138.44	\$105.52	-\$32.92	\$173.79	\$148.84	-\$24.95	\$190.68	\$164.55	-\$26.13
UnitedHealthCare Harmony HMO Employee Only Employee +1 Employee + 2 or More	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PERS Gold PPO Employee Only Employee +1 Employee + 2 or More	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PERS Platinum PPO Employee Only Employee +1 Employee + 2 or More	\$248.45	\$308.47	\$60.02	\$265.34	\$324.18	\$58.84	\$300.70	\$367.50	\$66.80	\$317.59	\$383.21	\$65.62
	\$564.66	\$688.58	\$123.92	\$581.55	\$704.29	\$122.74	\$616.90	\$747.61	\$130.71	\$633.79	\$763.32	\$129.53
	\$754.45	\$916.66	\$162.21	\$771.34	\$932.37	\$161.03	\$806.69	\$975.69	\$169.00	\$823.58	\$991.40	\$167.82



## Health Care Plan Options and Costs Changes from 2024 to 2025 Employee Contributions Per Pay Period 10-Month Full-Time Employees

West Valley-Mission Community College District		DeltaCare HMO			DeltaCare HMO & VSP			D. H. DDG			D II DDG 6 YGD		
				Delt	aCare HMO		Delta PPO			Delta PPO & VSP			
	2024	2025	Change from 2024	2024	2025	Change from 2024	2024	2025	Change from 2024	2024	2025	Change from 2024	
Anthem Select HMO Employee Only Employee +1 Employee + 2 or More	\$62.81	\$75.98	\$13.17	\$81.38	\$93.26	\$11.88	\$120.28	\$140.91	\$20.63	\$138.85	\$158.19	\$19.34	
	\$200.14	\$230.76	\$30.62	\$218.72	\$248.04	\$29.32	\$257.61	\$295.69	\$38.08	\$276.18	\$312.97	\$36.79	
	\$282.62	\$323.64	\$41.02	\$301.20	\$340.92	\$39.72	\$340.09	\$388.58	\$48.49	\$358.67	\$405.86	\$47.19	
Anthem Traditional HMO Employee Only Employee +1 Employee + 2 or More	\$303.82	\$368.48	\$64.66	\$322.39	\$385.76	\$63.37	\$361.28	\$433.41	\$72.13	\$379.86	\$450.69	\$70.83	
	\$682.16	\$815.76	\$133.60	\$700.73	\$833.04	\$132.31	\$739.62	\$880.69	\$141.07	\$758.20	\$897.97	\$139.77	
	\$909.24	\$1,084.14	\$174.90	\$927.82	\$1,101.42	\$173.60	\$966.71	\$1,149.08	\$182.37	\$985.28	\$1,166.36	\$181.08	
Blue Shield Access+ HMO Employee Only Employee +1 Employee + 2 or More	\$0.00	\$0.00	\$0.00	\$6.96	\$0.00	-\$6.96	\$45.85	\$37.13	-\$8.72	\$64.43	\$54.41	-\$10.02	
	\$51.29	\$23.20	- <b>\$28.09</b>	\$69.87	\$40.48	-\$29.39	\$108.76	\$88.14	-\$20.62	\$127.34	\$105.42	-\$21.92	
	\$89.11	\$53.82	- <b>\$35.29</b>	\$107.69	\$71.10	-\$36.59	\$146.58	\$118.76	-\$27.82	\$165.16	\$136.04	-\$29.12	
Blue Shield Trio HMO Employee Only Employee +1 Employee + 2 or More	not available	\$0.00 \$0.00 \$0.00	n/a	not available	\$0.00 \$0.00 \$0.00	n/a	not available	\$0.00 \$3.22 \$8.37	n/a	not available	\$11.96 \$20.50 \$25.65	n/a	
Kaiser HMO Employee Only Employee +1 Employee + 2 or More	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
UnitedHealthCare Alliance HMO Employee Only Employee +1 Employee + 2 or More	\$5.53	\$0.00	-\$5.53	\$24.11	\$6.77	-\$17.34	\$63.00	\$54.42	-\$8.58	\$81.58	\$71.70	-\$9.88	
	\$85.59	\$57.79	-\$27.80	\$104.16	\$75.07	-\$29.09	\$143.06	\$122.72	-\$20.34	\$161.63	\$140.00	-\$21.63	
	\$133.70	\$98.79	-\$34.91	\$152.28	\$116.07	-\$36.21	\$191.17	\$163.72	-\$27.45	\$209.75	\$181.00	-\$28.75	
UnitedHealthCare Harmony HMO Employee Only Employee +1 Employee + 2 or More	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
PERS Gold PPO Employee Only Employee +1 Employee + 2 or More	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
PERS Platinum PPO Employee Only Employee +1 Employee + 2 or More	\$273.30	\$339.32	\$66.02	\$291.88	\$356.60	\$64.72	\$330.77	\$404.25	\$73.48	\$349.34	\$421.53	\$72.19	
	\$621.12	\$757.44	\$136.32	\$639.70	\$774.72	\$135.02	\$678.59	\$822.37	\$143.78	\$697.17	\$839.65	\$142.48	
	\$829.90	\$1,008.33	\$178.43	\$848.47	\$1,025.61	\$177.14	\$887.36	\$1,073.26	\$185.90	\$905.94	\$1,090.54	\$184.60	