West Valley-Mission
Community College District

Health Care Plan Options and Costs
Changes from 2026 to 2027
Employee Contributions Per Pay Period
Administrators, Board of Trustees, Confidentials, POA, Supervisors, WVMCEA

	DeltaCare HMO			DeltaCare HMO & VSP			Delta PPO			Delta PPO & VSP		
	2026	2027	Change from 2026	2026	2027	Change from 2026	2026	2027	Change from 2026	2026	2027	Change from 2026
Anthem Select HMO												
Employee Only	$0.00	$0.00	$0.00	$0.00	$7.11	**$7.11**	$19.56	$85.27	**$65.71**	$33.96	$100.53	**$66.57**
Employee +1	$3.83	$90.71	**$86.88**	$18.23	$105.97	**$87.74**	$57.94	$184.13	**$126.19**	$72.34	$199.39	**$127.05**
Employee + 2 or More	$26.85	$149.99	**$123.14**	$41.25	$165.25	**$124.00**	$80.96	$243.41	**$162.45**	$95.36	$258.67	**$163.31**
Anthem Traditional HMO												
Employee Only	$241.24	$237.93	**-$3.31**	$255.64	$253.19	**-$2.45**	$295.35	$331.35	**$36.00**	$309.75	$346.61	**$36.86**
Employee +1	$555.41	$582.87	**$27.46**	$569.81	$598.13	**$28.32**	$609.52	$676.29	**$66.77**	$623.92	$691.55	**$67.63**
Employee + 2 or More	$743.91	$789.80	**$45.89**	$758.31	$805.06	**$46.75**	$798.02	$883.22	**$85.20**	$812.42	$898.48	**$86.06**
Blue Shield Access+ HMO												
Employee Only	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$77.95	**$77.95**	$0.00	$93.21	**$93.21**
Employee +1	$0.00	$76.07	**$76.07**	$0.00	$91.33	**$91.33**	$0.00	$169.49	**$169.49**	$3.66	$184.75	**$181.09**
Employee + 2 or More	$0.00	$130.96	**$130.96**	$0.00	$146.22	**$146.22**	$0.00	$224.38	**$224.38**	$6.08	$239.64	**$233.56**
Blue Shield Trio HMO												
Employee Only	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Employee +1	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
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
Kaiser HMO												
Employee Only	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Employee +1	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
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
PERS Gold PPO												
Employee Only	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Employee +1	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
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
PERS Platinum PPO												
Employee Only	$299.30	$284.03	**-$15.27**	$313.70	$299.29	**-$14.41**	$353.41	$377.45	**$24.04**	$367.81	$392.71	**$24.90**
Employee +1	$671.53	$675.07	**$3.54**	$685.93	$690.33	**$4.40**	$725.64	$768.49	**$42.85**	$740.04	$783.75	**$43.71**
Employee + 2 or More	$894.86	$909.66	**$14.80**	$909.26	$924.92	**$15.66**	$948.97	$1,003.08	**$54.11**	$963.37	$1,018.34	**$54.97**
PORAC PPO *(Association Plan)*												
Employee Only	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Employee +1	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
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

West Valley-Mission
Community College District

Health Care Plan Options and Costs
Changes from 2026 to 2027
Employee Contributions Per Pay Period
11-Month Faculty

	DeltaCare HMO			DeltaCare HMO & VSP			Delta PPO			Delta PPO & VSP		
	2026	2027	Change from 2026	2026	2027	Change from 2026	2026	2027	Change from 2026	2026	2027	Change from 2026
Anthem Select HMO												
Employee Only	$0.00	$0.00	$0.00	$0.00	$7.76	**$7.76**	$21.34	$93.03	**$71.69**	$37.05	$109.67	**$72.62**
Employee +1	$4.17	$98.96	**$94.79**	$19.88	$115.60	**$95.72**	$63.20	$200.87	**$137.67**	$78.91	$217.52	**$138.61**
Employee + 2 or More	$29.29	$163.62	**$134.33**	$45.00	$180.27	**$135.27**	$88.32	$265.53	**$177.21**	$104.03	$282.18	**$178.15**
Anthem Traditional HMO												
Employee Only	$263.17	$259.56	**-$3.61**	$278.88	$276.21	**-$2.67**	$322.20	$361.48	**$39.28**	$337.91	$378.12	**$40.21**
Employee +1	$605.90	$635.86	**$29.96**	$621.61	$652.51	**$30.90**	$664.93	$737.77	**$72.84**	$680.64	$754.42	**$73.78**
Employee + 2 or More	$811.53	$861.60	**$50.07**	$827.24	$878.24	**$51.00**	$870.56	$963.51	**$92.95**	$886.27	$980.16	**$93.89**
Blue Shield Access+ HMO												
Employee Only	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$85.04	**$85.04**	$0.00	$101.69	**$101.69**
Employee +1	$0.00	$82.99	**$82.99**	$0.00	$99.63	**$99.63**	$0.00	$184.90	**$184.90**	$3.99	$201.55	**$197.56**
Employee + 2 or More	$0.00	$142.86	**$142.86**	$0.00	$159.51	**$159.51**	$0.00	$244.77	**$244.77**	$6.63	$261.42	**$254.79**
Blue Shield Trio HMO												
Employee Only	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Employee +1	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
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
Kaiser HMO												
Employee Only	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Employee +1	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
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
PERS Gold PPO												
Employee Only	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Employee +1	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
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
PERS Platinum PPO												
Employee Only	$326.51	$309.85	**-$16.66**	$342.22	$326.50	**-$15.72**	$385.54	$411.77	**$26.23**	$401.25	$428.41	**$27.16**
Employee +1	$732.57	$736.44	**$3.87**	$748.28	$753.09	**$4.81**	$791.60	$838.35	**$46.75**	$807.31	$855.00	**$47.69**
Employee + 2 or More	$976.21	$992.35	**$16.14**	$991.92	$1,009.00	**$17.08**	$1,035.24	$1,094.27	**$59.03**	$1,050.95	$1,110.91	**$59.96**

West Valley-Mission
Community College District

Health Care Plan Options and Costs
Changes from 2026 to 2027
Employee Contributions Per Pay Period
10-Month Faculty

	DeltaCare HMO			DeltaCare HMO & VSP			Delta PPO			Delta PPO & VSP		
	2026	2027	Change from 2026	2026	2027	Change from 2026	2026	2027	Change from 2026	2026	2027	Change from 2026
Anthem Select HMO												
Employee Only	$0.00	$0.00	$0.00	$0.00	$8.54	**$8.54**	$23.48	$102.33	**$78.85**	$40.76	$120.64	**$79.88**
Employee +1	$4.59	$108.85	**$104.26**	$21.87	$127.16	**$105.29**	$69.52	$220.96	**$151.44**	$86.80	$239.27	**$152.47**
Employee + 2 or More	$32.22	$179.98	**$147.76**	$49.50	$198.30	**$148.80**	$97.15	$292.09	**$194.94**	$114.43	$310.40	**$195.97**
Anthem Traditional HMO												
Employee Only	$289.49	$285.52	**-$3.97**	$306.77	$303.83	**-$2.94**	$354.42	$397.62	**$43.20**	$371.70	$415.94	**$44.24**
Employee +1	$666.49	$699.44	**$32.95**	$683.77	$717.76	**$33.99**	$731.42	$811.55	**$80.13**	$748.70	$829.86	**$81.16**
Employee + 2 or More	$892.69	$947.76	**$55.07**	$909.97	$966.07	**$56.10**	$957.62	$1,059.86	**$102.24**	$974.90	$1,078.17	**$103.27**
Blue Shield Access+ HMO												
Employee Only	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$93.54	**$93.54**	$0.00	$111.86	**$111.86**
Employee +1	$0.00	$91.28	**$91.28**	$0.00	$109.60	**$109.60**	$0.00	$203.39	**$203.39**	$4.39	$221.70	**$217.31**
Employee + 2 or More	$0.00	$157.15	**$157.15**	$0.00	$175.46	**$175.46**	$0.00	$269.25	**$269.25**	$7.29	$287.56	**$280.27**
Blue Shield Trio HMO												
Employee Only	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Employee +1	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
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
Kaiser HMO												
Employee Only	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Employee +1	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
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
PERS Gold PPO												
Employee Only	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Employee +1	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
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
PERS Platinum PPO												
Employee Only	$359.16	$340.84	**-$18.32**	$376.44	$359.15	**-$17.29**	$424.10	$452.94	**$28.84**	$441.38	$471.26	**$29.88**
Employee +1	$805.83	$810.08	**$4.25**	$823.11	$828.40	**$5.29**	$870.76	$922.19	**$51.43**	$888.04	$940.50	**$52.46**
Employee + 2 or More	$1,073.83	$1,091.59	**$17.76**	$1,091.11	$1,109.90	**$18.79**	$1,138.76	$1,203.69	**$64.93**	$1,156.04	$1,222.00	**$65.96**