Health Care Plan Options and Costs January 1, 2026 - December 31, 2026 10-Month Faculty



The District contribution toward your annual benefits is a maximum of \$17,111 for employee only, \$32,686 for employee +1, or \$42,031 for employee +2 or more to be used toward Medical, Dental, and Vision (VSP) coverage. The numbers below reflect your out-of-pocket costs **after** the District contribution has been applied.

West Valley-Mission		Medical Only		Medical plus DeltaCare HMO		Medical plus DeltaCare HMO & VSP		Medical plus Delta PPO		Medical plus Delta PPO & VSP	
Community College District	Annual District Contribution (Cap)	Annual Employee Cost	Per Pay Period EE Cost	Annual Employee Cost	Per Pay Period EE Cost	Annual Employee Cost	Per Pay Period EE Cost	Annual Employee Cost	Per Pay Period EE Cost	Annual Employee Cost	Per Pay Period EE Cost
Anthem Select HMO	` ' '										
Employee Only	\$17,111	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$234.76	\$23.48	\$407.56	\$40.76
Employee +1	\$32,686	\$0.00	\$0.00	\$45.92	\$4.59	\$218.72	\$21.87	\$695.24	\$69.52	\$868.04	\$86.80
Employee + 2 or More	\$42,031	\$0.00	\$0.00	\$322.16	\$32.22	\$494.96	\$49.50	\$971.48	\$97.15	\$1,144.28	\$114.43
Anthem Traditional HMO											
Employee Only	\$17,111	\$2,233.96	\$223.40	\$2,894.92	\$289.49	\$3,067.72	\$306.77	\$3,544.24	\$354.42	\$3,717.04	\$371.70
Employee +1	\$32,686	\$6,003.92	\$600.39	\$6,664.88	\$666.49	\$6,837.68	\$683.77	\$7,314.20	\$731.42	\$7,487.00	\$748.70
Employee + 2 or More	\$42,031	\$8,265.92	\$826.59	\$8,926.88	\$892.69	\$9,099.68	\$909.97	\$9,576.20	\$957.62	\$9,749.00	\$974.90
Blue Shield Access+ HMO											
	¢17 111	¢0.00	¢0.00	¢0.00	¢0.00	¢0.00	¢0.00	¢0.00	¢0.00	¢0.00	¢0.00
Employee Only	\$17,111	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee +1	\$32,686	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$43.88	\$4.39
Employee + 2 or More	\$42,031	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$72.92	\$7.29
Blue Shield Trio HMO											
Employee Only	\$17,111	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee +1	\$32,686	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee + 2 or More	\$42,031	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Kaiser HMO											
Employee Only	\$17,111	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee +1	\$32,686	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee + 2 or More	\$42,031	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
UnitedHealthCare Alliance HMO	¢47.444	¢0.00	¢0.00	\$0.00	¢0.00	¢0.00	¢0.00	¢0.00	¢0.00	¢0.00	¢0.00
Employee Only	\$17,111	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee +1	\$32,686	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee + 2 or More	\$42,031	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
UnitedHealthCare Harmony HMO											
Employee Only	\$17,111	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee +1	\$32,686	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee + 2 or More	\$42,031	\$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	\$17,111	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee +1	\$32,686	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee + 2 or More	\$42,031	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PERS Platinum PPO	¢47.444	¢2.020.70	¢202.07	¢2.504.44	¢250.47	¢2.7/4.44	¢277.44	¢4.040.04	¢404.40	¢4.440.77	¢444.20
Employee Only	\$17,111	\$2,930.68	\$293.07	\$3,591.64	\$359.16	\$3,764.44	\$376.44	\$4,240.96	\$424.10	\$4,413.76	\$441.38
Employee +1	\$32,686	\$7,397.36	\$739.74	\$8,058.32	\$805.83	\$8,231.12	\$823.11	\$8,707.64	\$870.76	\$8,880.44	\$888.04
Employee + 2 or More	\$42,031	\$10,077.32	\$1,007.73	\$10,738.28	\$1,073.83	\$10,911.08	\$1,091.11	\$11,387.60	\$1,138.76	\$11,560.40	\$1,156.04

^{*}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.