



West Valley-Mission
Community College District

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

Administrators, Board of Trustees, Confidentials, POA, Supervisors, WVMCEA

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 Community College District		Medical Only		Medical plus DeltaCare HMO		Medical plus DeltaCare HMO & VSP		Medical plus Delta PPO		Medical plus Delta PPO & VSP	
		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
Annual District Contribution (Cap)											
Anthem Select HMO											
Employee Only	\$17,111	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$234.76	\$19.56	\$407.56	\$33.96
Employee +1	\$32,686	\$0.00	\$0.00	\$45.92	\$3.83	\$218.72	\$18.23	\$695.24	\$57.94	\$868.04	\$72.34
Employee + 2 or More	\$42,031	\$0.00	\$0.00	\$322.16	\$26.85	\$494.96	\$41.25	\$971.48	\$80.96	\$1,144.28	\$95.36
Anthem Traditional HMO											
Employee Only	\$17,111	\$2,233.96	\$186.16	\$2,894.92	\$241.24	\$3,067.72	\$255.64	\$3,544.24	\$295.35	\$3,717.04	\$309.75
Employee +1	\$32,686	\$6,003.92	\$500.33	\$6,664.88	\$555.41	\$6,837.68	\$569.81	\$7,314.20	\$609.52	\$7,487.00	\$623.92
Employee + 2 or More	\$42,031	\$8,265.92	\$688.83	\$8,926.88	\$743.91	\$9,099.68	\$758.31	\$9,576.20	\$798.02	\$9,749.00	\$812.42
Blue Shield Access+ 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	\$43.88	\$3.66
Employee + 2 or More	\$42,031	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$72.92	\$6.08
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											
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											
Employee Only	\$17,111	\$2,930.68	\$244.22	\$3,591.64	\$299.30	\$3,764.44	\$313.70	\$4,240.96	\$353.41	\$4,413.76	\$367.81
Employee +1	\$32,686	\$7,397.36	\$616.45	\$8,058.32	\$671.53	\$8,231.12	\$685.93	\$8,707.64	\$725.64	\$8,880.44	\$740.04
Employee + 2 or More	\$42,031	\$10,077.32	\$839.78	\$10,738.28	\$894.86	\$10,911.08	\$909.26	\$11,387.60	\$948.97	\$11,560.40	\$963.37
PORAC PPO (Association Plan)											
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

*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.

**Please note that the calculations are based on 12 pay periods. For any other pay schedules, simply take the Annual EE Cost and divide it by the number of applicable pay periods. If you reside outside of the Bay Area or are a percentage employee, please contact Human Resources to determine what your contribution will be.