West Valley-Mission
Community College District

Health Care Plan Options and Costs
January 1, 2027 - December 31, 2027
11-Month Faculty

The District contribution toward your annual benefits is a maximum of $18,596 for employee only, $35,247 for employee +1, or $45,238 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.

	Annual District Contribution (Cap)	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
Anthem Select HMO											
Employee Only	$18,596	$0.00	$0.00	$0.00	$0.00	$85.36	$7.76	$1,023.28	$93.03	$1,206.40	$109.67
Employee +1	$35,247	$427.56	$38.87	$1,088.52	$98.96	$1,271.64	$115.60	$2,209.56	$200.87	$2,392.68	$217.52
Employee + 2 or More	$45,238	$1,138.88	$103.53	$1,799.84	$163.62	$1,982.96	$180.27	$2,920.88	$265.53	$3,104.00	$282.18
Anthem Traditional HMO											
Employee Only	$18,596	$2,194.24	$199.48	$2,855.20	$259.56	$3,038.32	$276.21	$3,976.24	$361.48	$4,159.36	$378.12
Employee +1	$35,247	$6,333.48	$575.77	$6,994.44	$635.86	$7,177.56	$652.51	$8,115.48	$737.77	$8,298.60	$754.42
Employee + 2 or More	$45,238	$8,816.60	$801.51	$9,477.56	$861.60	$9,660.68	$878.24	$10,598.60	$963.51	$10,781.72	$980.16
Blue Shield Access+ HMO											
Employee Only	$18,596	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$935.44	$85.04	$1,118.56	$101.69
Employee +1	$35,247	$251.88	$22.90	$912.84	$82.99	$1,095.96	$99.63	$2,033.88	$184.90	$2,217.00	$201.55
Employee + 2 or More	$45,238	$910.52	$82.77	$1,571.48	$142.86	$1,754.60	$159.51	$2,692.52	$244.77	$2,875.64	$261.42
Blue Shield Trio HMO											
Employee Only	$18,596	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Employee +1	$35,247	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Employee + 2 or More	$45,238	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Kaiser HMO											
Employee Only	$18,596	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Employee +1	$35,247	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Employee + 2 or More	$45,238	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Sutter Health HMO - NEW for 2027 (Placer, Sacramento, San Joaquin, Stanislaus, Solano and Yolo counties only)											
Employee Only	$18,596	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Employee +1	$35,247	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Employee + 2 or More	$45,238	$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	$18,596	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Employee +1	$35,247	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Employee + 2 or More	$45,238	$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	$18,596	$2,747.44	$249.77	$3,408.40	$309.85	$3,591.52	$326.50	$4,529.44	$411.77	$4,712.56	$428.41
Employee +1	$35,247	$7,439.88	$676.35	$8,100.84	$736.44	$8,283.96	$753.09	$9,221.88	$838.35	$9,405.00	$855.00
Employee + 2 or More	$45,238	$10,254.92	$932.27	$10,915.88	$992.35	$11,099.00	$1,009.00	$12,036.92	$1,094.27	$12,220.04	$1,110.91

*****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.