



Health Care Plan Options and Costs
January 1, 2024 - December 31, 2024

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

The District contribution toward your annual benefits is a maximum of \$13,734 for employee only, \$26,027 for employee +1, or \$33,402 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)	DeltaCare HMO		DeltaCare HMO & VSP		Delta PPO		Delta PPO & VSP	
		Annual EE Cost	Per Pay Period EE Cost	Annual EE Cost	Per Pay Period EE Cost	Annual EE Cost	Per Pay Period EE Cost	Annual EE Cost	Per Pay Period EE Cost
Anthem Select HMO									
Employee Only	\$13,734	\$628.08	\$52.34	\$813.84	\$67.82	\$1,202.76	\$100.23	\$1,388.52	\$115.71
Employee +1	\$26,027	\$2,001.40	\$166.78	\$2,187.16	\$182.26	\$2,576.08	\$214.67	\$2,761.84	\$230.15
Employee + 2 or More	\$33,402	\$2,826.24	\$235.52	\$3,012.00	\$251.00	\$3,400.92	\$283.41	\$3,586.68	\$298.89
Anthem Traditional HMO									
Employee Only	\$13,734	\$3,038.16	\$253.18	\$3,223.92	\$268.66	\$3,612.84	\$301.07	\$3,798.60	\$316.55
Employee +1	\$26,027	\$6,821.56	\$568.46	\$7,007.32	\$583.94	\$7,396.24	\$616.35	\$7,582.00	\$631.83
Employee + 2 or More	\$33,402	\$9,092.40	\$757.70	\$9,278.16	\$773.18	\$9,667.08	\$805.59	\$9,852.84	\$821.07
Blue Shield Access+ HMO									
Employee Only	\$13,734	\$0.00	\$0.00	\$69.60	\$5.80	\$458.52	\$38.21	\$644.28	\$53.69
Employee +1	\$26,027	\$512.92	\$42.74	\$698.68	\$58.22	\$1,087.60	\$90.63	\$1,273.36	\$106.11
Employee + 2 or More	\$33,402	\$891.12	\$74.26	\$1,076.88	\$89.74	\$1,465.80	\$122.15	\$1,651.56	\$137.63
Kaiser HMO									
Employee Only	\$13,734	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee +1	\$26,027	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee + 2 or More	\$33,402	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
UnitedHealthCare Alliance HMO									
Employee Only	\$13,734	\$55.32	\$4.61	\$241.08	\$20.09	\$630.00	\$52.50	\$815.76	\$67.98
Employee +1	\$26,027	\$855.88	\$71.32	\$1,041.64	\$86.80	\$1,430.56	\$119.21	\$1,616.32	\$134.69
Employee + 2 or More	\$33,402	\$1,337.04	\$111.42	\$1,522.80	\$126.90	\$1,911.72	\$159.31	\$2,097.48	\$174.79
UnitedHealthCare Harmony HMO									
Employee Only	\$13,734	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee +1	\$26,027	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee + 2 or More	\$33,402	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PERS Gold PPO									
Employee Only	\$13,734	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee +1	\$26,027	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee + 2 or More	\$33,402	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PERS Platinum PPO									
Employee Only	\$13,734	\$2,733.00	\$227.75	\$2,918.76	\$243.23	\$3,307.68	\$275.64	\$3,493.44	\$291.12
Employee +1	\$26,027	\$6,211.24	\$517.60	\$6,397.00	\$533.08	\$6,785.92	\$565.49	\$6,971.68	\$580.97
Employee + 2 or More	\$33,402	\$8,298.96	\$691.58	\$8,484.72	\$707.06	\$8,873.64	\$739.47	\$9,059.40	\$754.95
PORAC PPO (Association Plan)									
Employee Only	\$13,734	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee +1	\$26,027	\$72.76	\$6.06	\$258.52	\$21.54	\$647.44	\$53.95	\$833.20	\$69.43
Employee + 2 or More	\$33,402	\$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.



**Health Care Plan Options and Costs
January 1, 2024 - December 31, 2024**

11-Month Faculty

The District contribution toward your annual benefits is a maximum of \$13,734 for employee only, \$26,027 for employee +1, or \$33,402 for employee +2 or more to be used toward Medical, Dental, and Vision (VSP) coverage. The numbers below reflect the District contribution and your out-of-pocket costs based on an 11 month period.

	Annual District Contribution (Cap)	DeltaCare HMO		DeltaCare HMO & VSP		Delta PPO		Delta PPO & VSP	
		Annual EE Cost	Per Pay Period EE Cost	Annual EE Cost	Per Pay Period EE Cost	Annual EE Cost	Per Pay Period EE Cost	Annual EE Cost	Per Pay Period EE Cost
Anthem Select HMO									
Employee Only	\$13,734	\$628.08	\$57.10	\$813.84	\$73.99	\$1,202.76	\$109.34	\$1,388.52	\$126.23
Employee +1	\$26,027	\$2,001.40	\$181.95	\$2,187.16	\$198.83	\$2,576.08	\$234.19	\$2,761.84	\$251.08
Employee + 2 or More	\$33,402	\$2,826.24	\$256.93	\$3,012.00	\$273.82	\$3,400.92	\$309.17	\$3,586.68	\$326.06
Anthem Traditional HMO									
Employee Only	\$13,734	\$3,038.16	\$276.20	\$3,223.92	\$293.08	\$3,612.84	\$328.44	\$3,798.60	\$345.33
Employee +1	\$26,027	\$6,821.56	\$620.14	\$7,007.32	\$637.03	\$7,396.24	\$672.39	\$7,582.00	\$689.27
Employee + 2 or More	\$33,402	\$9,092.40	\$826.58	\$9,278.16	\$843.47	\$9,667.08	\$878.83	\$9,852.84	\$895.71
Blue Shield Access+ HMO									
Employee Only	\$13,734	\$0.00	\$0.00	\$69.60	\$6.33	\$458.52	\$41.68	\$644.28	\$58.57
Employee +1	\$26,027	\$512.92	\$46.63	\$698.68	\$63.52	\$1,087.60	\$98.87	\$1,273.36	\$115.76
Employee + 2 or More	\$33,402	\$891.12	\$81.01	\$1,076.88	\$97.90	\$1,465.80	\$133.25	\$1,651.56	\$150.14
Kaiser HMO									
Employee Only	\$13,734	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee +1	\$26,027	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee + 2 or More	\$33,402	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
UnitedHealthCare Alliance HMO									
Employee Only	\$13,734	\$55.32	\$5.03	\$241.08	\$21.92	\$630.00	\$57.27	\$815.76	\$74.16
Employee +1	\$26,027	\$855.88	\$77.81	\$1,041.64	\$94.69	\$1,430.56	\$130.05	\$1,616.32	\$146.94
Employee + 2 or More	\$33,402	\$1,337.04	\$121.55	\$1,522.80	\$138.44	\$1,911.72	\$173.79	\$2,097.48	\$190.68
UnitedHealthCare Harmony HMO									
Employee Only	\$13,734	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee +1	\$26,027	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee + 2 or More	\$33,402	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PERS Gold PPO									
Employee Only	\$13,734	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee +1	\$26,027	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee + 2 or More	\$33,402	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PERS Platinum PPO									
Employee Only	\$13,734	\$2,733.00	\$248.45	\$2,918.76	\$265.34	\$3,307.68	\$300.70	\$3,493.44	\$317.59
Employee +1	\$26,027	\$6,211.24	\$564.66	\$6,397.00	\$581.55	\$6,785.92	\$616.90	\$6,971.68	\$633.79
Employee + 2 or More	\$33,402	\$8,298.96	\$754.45	\$8,484.72	\$771.34	\$8,873.64	\$806.69	\$9,059.40	\$823.58

*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.



Health Care Plan Options and Costs
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10-Month Faculty

The District contribution toward your annual benefits is a maximum of \$13,734 for employee only, \$26,027 for employee +1, or \$33,402 for employee +2 or more to be used toward Medical, Dental, and Vision (VSP) coverage. The numbers below reflect the District contribution and your out-of-pocket costs based on a 10 month period.

	Annual District Contribution (Cap)	DeltaCare HMO		DeltaCare HMO & VSP		Delta PPO		Delta PPO & VSP	
		Annual EE Cost	Per Pay Period EE Cost	Annual EE Cost	Per Pay Period EE Cost	Annual EE Cost	Per Pay Period EE Cost	Annual EE Cost	Per Pay Period EE Cost
Anthem Select HMO									
Employee Only	\$13,734	\$628.08	\$62.81	\$813.84	\$81.38	\$1,202.76	\$120.28	\$1,388.52	\$138.85
Employee +1	\$26,027	\$2,001.40	\$200.14	\$2,187.16	\$218.72	\$2,576.08	\$257.61	\$2,761.84	\$276.18
Employee + 2 or More	\$33,402	\$2,826.24	\$282.62	\$3,012.00	\$301.20	\$3,400.92	\$340.09	\$3,586.68	\$358.67
Anthem Traditional HMO									
Employee Only	\$13,734	\$3,038.16	\$303.82	\$3,223.92	\$322.39	\$3,612.84	\$361.28	\$3,798.60	\$379.86
Employee +1	\$26,027	\$6,821.56	\$682.16	\$7,007.32	\$700.73	\$7,396.24	\$739.62	\$7,582.00	\$758.20
Employee + 2 or More	\$33,402	\$9,092.40	\$909.24	\$9,278.16	\$927.82	\$9,667.08	\$966.71	\$9,852.84	\$985.28
Blue Shield Access+ HMO									
Employee Only	\$13,734	\$0.00	\$0.00	\$69.60	\$6.96	\$458.52	\$45.85	\$644.28	\$64.43
Employee +1	\$26,027	\$512.92	\$51.29	\$698.68	\$69.87	\$1,087.60	\$108.76	\$1,273.36	\$127.34
Employee + 2 or More	\$33,402	\$891.12	\$89.11	\$1,076.88	\$107.69	\$1,465.80	\$146.58	\$1,651.56	\$165.16
Kaiser HMO									
Employee Only	\$13,734	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee +1	\$26,027	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee + 2 or More	\$33,402	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
UnitedHealthCare Alliance HMO									
Employee Only	\$13,734	\$55.32	\$5.53	\$241.08	\$24.11	\$630.00	\$63.00	\$815.76	\$81.58
Employee +1	\$26,027	\$855.88	\$85.59	\$1,041.64	\$104.16	\$1,430.56	\$143.06	\$1,616.32	\$161.63
Employee + 2 or More	\$33,402	\$1,337.04	\$133.70	\$1,522.80	\$152.28	\$1,911.72	\$191.17	\$2,097.48	\$209.75
UnitedHealthCare Harmony HMO									
Employee Only	\$13,734	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee +1	\$26,027	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee + 2 or More	\$33,402	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PERS Gold PPO									
Employee Only	\$13,734	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee +1	\$26,027	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee + 2 or More	\$33,402	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PERS Platinum PPO									
Employee Only	\$13,734	\$2,733.00	\$273.30	\$2,918.76	\$291.88	\$3,307.68	\$330.77	\$3,493.44	\$349.34
Employee +1	\$26,027	\$6,211.24	\$621.12	\$6,397.00	\$639.70	\$6,785.92	\$678.59	\$6,971.68	\$697.17
Employee + 2 or More	\$33,402	\$8,298.96	\$829.90	\$8,484.72	\$848.47	\$8,873.64	\$887.36	\$9,059.40	\$905.94

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