

Health Care Plan Options and Costs (Faculty)

July 2017- June 2018

West Valley-Mission Community College District makes a maximum annual contribution of \$18,050 towards your Medical, Dental, Vision, and Long Term-Disability (LTD) benefits.

Please note that Kaiser HMO includes a vision benefit.

Health Care Plan Options	Annual Cost	Under/ Over	Annual Difference (Amount paid by employee)	10 month Faculty, cost over 10 pay periods	11 month Faculty, cost over 11 pay periods	12 month Faculty, cost over 12 pay periods
Blue Shield PPO*, LTD	\$28,689.72	Over	\$10,639.72	\$1,063.97	\$967.25	\$886.64
Blue shield HMO, LTD	\$26,137.68	Over	\$8,087.68	\$808.77	\$735.24	\$673.97
Kaiser HMO,LTD	\$18,792.48	Over	\$742.48	\$74.25	\$67.50	\$61.87
Blue Shield PPO*, Delta PPO, LTD	\$29,941.32	Over	\$11,891.32	\$1,189.13	\$1,081.03	\$990.94
Blue Shield PPO*, DeltaCare HMO, LTD	\$29,371.80	Over	\$11,321.80	\$1,132.18	\$1,029.25	\$943.48
Blue Shield HMO, Delta PPO, LTD	\$27,389.28	Over	\$9,339.28	\$933.93	\$849.03	\$778.27
Blue Shield HMO, DeltaCare HMO, LTD	\$26,819.76	Over	\$8,769.76	\$876.98	\$797.25	\$730.81
Kaiser HMO, Delta PPO and LTD	\$20,044.08	Over	\$1,994.08	\$199.41	\$181.28	\$166.17
Kaiser HMO, DeltaCare and LTD	\$19,474.56	Over	\$1,424.56	\$142.46	\$129.51	\$118.71
Blue Shield PPO*, VSP, LTD	\$28,862.76	Over	\$10,812.76	\$1,081.28	\$982.98	\$901.06
Blue Shield HMO, VSP, LTD	\$26,310.72	Over	\$8,260.72	\$826.07	\$750.97	\$688.39
Kaiser HMO, VSP, LTD	\$18,965.52	Over	\$915.52	\$91.55	\$83.23	\$76.29
Blue Shield PPO*, Delta PPO, VSP and LTD	\$30,114.36	Over	\$12,064.36	\$1,206.44	\$1,096.76	\$1,005.36
Blue Shield PPO*, DeltaCare, VSP and LTD	\$29,544.84	Over	\$11,494.84	\$1,149.48	\$1,044.99	\$957.90
Blue Shield HMO, Delta PPO, VSP and LTD	\$27,562.32	Over	\$9,512.32	\$951.23	\$864.76	\$792.69
Blue Shield HMO, DeltaCare, VSP and LTD	\$26,992.80	Over	\$8,942.80	\$894.28	\$812.98	\$745.23
Kaiser HMO, Delta PPO, VSP and LTD	\$20,217.12	Over	\$2,167.12	\$216.71	\$197.01	\$180.59
Kaiser HMO, DeltaCare HMO, VSP and LTD	\$19,647.60	Over	\$1,597.60	\$159.76	\$145.24	\$133.13

*Blue Shield PPO rates are inclusive of the Envision maintenance fee.

**Employees can opt to take \$3,600 annually cash in lieu of medical, with proof of enrollment in other group health insurance coverage. Medical only. Cash cannot be taken in lieu of dental, vision, etc.