



**Medical Plan Options and Costs
November 1, 2024 - April 19, 2025
Part Time Faculty (40%+ Load)**

Part-Time Faculty who are eligible for medical coverage by teaching a 40% or greater load in the Fall Semester can enroll in a plan that provides coverage from November of that year through April of the following year. Payroll deductions will be taken over six pay periods in the November, December, February 10, February end of month, March, and April paychecks. If a faculty member is not teaching in the following semester or receives a paycheck lower than the contribution amount, the faculty member will be directly billed.

	Total Employee Cost November 2024 - April 2025 Total Payroll Contribution	2024 Monthly Costs November & December			2025 Monthly Costs January - April		
		Total Premium	District Cost	Employee Cost	Total Premium	District Cost	Employee Cost
Anthem Select HMO							
Employee Only	\$32.96	\$1,138.86	\$1,138.86	\$0.00	\$1,256.65	\$1,248.41	\$8.24
Employee + 1	\$766.44	\$2,277.72	\$2,168.92	\$108.80	\$2,513.30	\$2,376.09	\$137.21
Employee + 2 or More	\$1,213.56	\$2,961.04	\$2,783.50	\$177.54	\$3,267.29	\$3,052.67	\$214.62
Anthem Traditional HMO							
Employee Only	\$1,398.32	\$1,339.70	\$1,144.50	\$195.20	\$1,500.40	\$1,248.42	\$251.98
Employee + 1	\$3,519.80	\$2,679.40	\$2,168.92	\$510.48	\$3,000.80	\$2,376.09	\$624.71
Employee + 2 or More	\$4,792.92	\$3,483.22	\$2,783.50	\$699.72	\$3,901.04	\$3,052.67	\$848.37
Blue Shield Access+ HMO							
Employee Only	\$0.00	\$1,076.84	\$1,076.84	\$0.00	\$1,170.17	\$1,170.17	\$0.00
Employee + 1	\$0.00	\$2,153.68	\$2,153.68	\$0.00	\$2,340.34	\$2,340.34	\$0.00
Employee + 2 or More	\$32.58	\$2,799.78	\$2,783.49	\$16.29	\$3,042.44	\$3,042.44	\$0.00
Blue Shield Trio HMO							
Employee Only	\$0.00	\$946.84	\$946.84	\$0.00	\$1,134.79	\$1,134.79	\$0.00
Employee + 1	\$0.00	\$1,893.68	\$1,893.68	\$0.00	\$2,269.58	\$2,269.58	\$0.00
Employee + 2 or More	\$0.00	\$2,461.78	\$2,461.78	\$0.00	\$2,950.45	\$2,950.45	\$0.00
Kaiser HMO							
Employee Only	\$0.00	\$1,021.41	\$1,021.41	\$0.00	\$1,112.90	\$1,112.90	\$0.00
Employee + 1	\$0.00	\$2,042.82	\$2,042.82	\$0.00	\$2,225.80	\$2,225.80	\$0.00
Employee + 2 or More	\$0.00	\$2,655.67	\$2,655.67	\$0.00	\$2,893.54	\$2,893.54	\$0.00
UnitedHealthCare Alliance HMO							
Employee Only	\$0.00	\$1,091.13	\$1,091.13	\$0.00	\$1,184.58	\$1,184.58	\$0.00
Employee + 1	\$26.70	\$2,182.26	\$2,168.91	\$13.35	\$2,369.16	\$2,369.16	\$0.00
Employee + 2 or More	\$215.86	\$2,836.94	\$2,783.49	\$53.45	\$3,079.91	\$3,052.67	\$27.24
UnitedHealthCare Harmony HMO							
Employee Only	\$0.00	\$937.39	\$937.39	\$0.00	\$1,005.02	\$1,005.02	\$0.00
Employee + 1	\$0.00	\$1,874.78	\$1,874.78	\$0.00	\$2,010.04	\$2,010.04	\$0.00
Employee + 2 or More	\$0.00	\$2,437.21	\$2,437.21	\$0.00	\$2,613.05	\$2,613.05	\$0.00
PERS Gold PPO							
Employee Only	\$0.00	\$914.82	\$914.82	\$0.00	\$1,013.70	\$1,013.70	\$0.00
Employee + 1	\$0.00	\$1,829.64	\$1,829.64	\$0.00	\$2,027.40	\$2,027.40	\$0.00
Employee + 2 or More	\$0.00	\$2,378.53	\$2,378.53	\$0.00	\$2,635.62	\$2,635.62	\$0.00
PERS Platinum PPO							
Employee Only	\$1,250.26	\$1,314.27	\$1,144.50	\$169.77	\$1,476.10	\$1,248.42	\$227.68
Employee + 1	\$3,223.68	\$2,628.54	\$2,168.92	\$459.62	\$2,952.20	\$2,376.09	\$576.11
Employee + 2 or More	\$4,407.96	\$3,417.10	\$2,783.50	\$633.60	\$3,837.86	\$3,052.67	\$785.19

*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.

For those who lose eligibility due to a reduction in hours, COBRA continuation coverage may be offered at a rate of 102% of the total monthly premium.