



West Valley-Mission
Community College District

Health Care Plan Options and Costs
January 1, 2025 - December 31, 2025

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

The District contribution toward your annual benefits is a maximum of \$14,981 for employee only, \$28,513 for employee +1, or \$36,632 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 Medical Premium Total	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	\$15,079.80	\$14,981	\$98.80	\$8.23	\$759.76	\$63.31	\$932.56	\$77.71	\$1,409.08	\$117.42	\$1,581.88	\$131.82
Employee +1	\$30,159.60	\$28,513	\$1,646.60	\$137.22	\$2,307.56	\$192.30	\$2,480.36	\$206.70	\$2,956.88	\$246.41	\$3,129.68	\$260.81
Employee + 2 or More	\$39,207.48	\$36,632	\$2,575.48	\$214.62	\$3,236.44	\$269.70	\$3,409.24	\$284.10	\$3,885.76	\$323.81	\$4,058.56	\$338.21
Anthem Traditional HMO												
Employee Only	\$18,004.80	\$14,981	\$3,023.80	\$251.98	\$3,684.76	\$307.06	\$3,857.56	\$321.46	\$4,334.08	\$361.17	\$4,506.88	\$375.57
Employee +1	\$36,009.60	\$28,513	\$7,496.60	\$624.72	\$8,157.56	\$679.80	\$8,330.36	\$694.20	\$8,806.88	\$733.91	\$8,979.68	\$748.31
Employee + 2 or More	\$46,812.48	\$36,632	\$10,180.48	\$848.37	\$10,841.44	\$903.45	\$11,014.24	\$917.85	\$11,490.76	\$957.56	\$11,663.56	\$971.96
Blue Shield Access+ HMO												
Employee Only	\$14,042.04	\$14,981	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$371.32	\$30.94	\$544.12	\$45.34
Employee +1	\$28,084.08	\$28,513	\$0.00	\$0.00	\$232.04	\$19.34	\$404.84	\$33.74	\$881.36	\$73.45	\$1,054.16	\$87.85
Employee + 2 or More	\$36,509.28	\$36,632	\$0.00	\$0.00	\$538.24	\$44.85	\$711.04	\$59.25	\$1,187.56	\$98.96	\$1,360.36	\$113.36
Blue Shield Trio HMO												
Employee Only	\$13,617.48	\$14,981	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$119.56	\$9.96
Employee +1	\$27,234.96	\$28,513	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$32.24	\$2.69	\$205.04	\$17.09
Employee + 2 or More	\$35,405.40	\$36,632	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$83.68	\$6.97	\$256.48	\$21.37
Kaiser HMO												
Employee Only	\$13,354.80	\$14,981	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee +1	\$26,709.60	\$28,513	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee + 2 or More	\$34,722.48	\$36,632	\$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	\$14,214.96	\$14,981	\$0.00	\$0.00	\$0.00	\$0.00	\$67.72	\$5.64	\$544.24	\$45.35	\$717.04	\$59.75
Employee +1	\$28,429.92	\$28,513	\$0.00	\$0.00	\$577.88	\$48.16	\$750.68	\$62.56	\$1,227.20	\$102.27	\$1,400.00	\$116.67
Employee + 2 or More	\$36,958.92	\$36,632	\$326.92	\$27.24	\$987.88	\$82.32	\$1,160.68	\$96.72	\$1,637.20	\$136.43	\$1,810.00	\$150.83
UnitedHealthCare Harmony HMO												
Employee Only	\$12,060.24	\$14,981	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee +1	\$24,120.48	\$28,513	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee + 2 or More	\$31,356.60	\$36,632	\$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	\$12,164.40	\$14,981	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee +1	\$24,328.80	\$28,513	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee + 2 or More	\$31,627.44	\$36,632	\$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	\$17,713.20	\$14,981	\$2,732.20	\$227.68	\$3,393.16	\$282.76	\$3,565.96	\$297.16	\$4,042.48	\$336.87	\$4,215.28	\$351.27
Employee +1	\$35,426.40	\$28,513	\$6,913.40	\$576.12	\$7,574.36	\$631.20	\$7,747.16	\$645.60	\$8,223.68	\$685.31	\$8,396.48	\$699.71
Employee + 2 or More	\$46,054.32	\$36,632	\$9,422.32	\$785.19	\$10,083.28	\$840.27	\$10,256.08	\$854.67	\$10,732.60	\$894.38	\$10,905.40	\$908.78
PORAC PPO (Association Plan)												
Employee Only	\$11,700.00	\$14,981	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee +1	\$26,616.00	\$28,513	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee + 2 or More	\$33,324.00	\$36,632	\$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.



**Health Care Plan Options and Costs
January 1, 2025 - December 31, 2025
11-Month Full-Time Employees**

The District contribution toward your annual benefits is a maximum of \$14,981 for employee only, \$28,513 for employee +1, or \$36,632 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	Annual Medical Premium Total	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	\$15,079.80	\$14,981	\$98.80	\$8.98	\$759.76	\$69.07	\$932.56	\$84.78	\$1,409.08	\$128.10	\$1,581.88	\$143.81
Employee +1	\$30,159.60	\$28,513	\$1,646.60	\$149.69	\$2,307.56	\$209.78	\$2,480.36	\$225.49	\$2,956.88	\$268.81	\$3,129.68	\$284.52
Employee + 2 or More	\$39,207.48	\$36,632	\$2,575.48	\$234.13	\$3,236.44	\$294.22	\$3,409.24	\$309.93	\$3,885.76	\$353.25	\$4,058.56	\$368.96
Anthem Traditional HMO												
Employee Only	\$18,004.80	\$14,981	\$3,023.80	\$274.89	\$3,684.76	\$334.98	\$3,857.56	\$350.69	\$4,334.08	\$394.01	\$4,506.88	\$409.72
Employee +1	\$36,009.60	\$28,513	\$7,496.60	\$681.51	\$8,157.56	\$741.60	\$8,330.36	\$757.31	\$8,806.88	\$800.63	\$8,979.68	\$816.33
Employee + 2 or More	\$46,812.48	\$36,632	\$10,180.48	\$925.50	\$10,841.44	\$985.59	\$11,014.24	\$1,001.29	\$11,490.76	\$1,044.61	\$11,663.56	\$1,060.32
Blue Shield Access+ HMO												
Employee Only	\$14,042.04	\$14,981	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$371.32	\$33.76	\$544.12	\$49.47
Employee +1	\$28,084.08	\$28,513	\$0.00	\$0.00	\$232.04	\$21.09	\$404.84	\$36.80	\$881.36	\$80.12	\$1,054.16	\$95.83
Employee + 2 or More	\$36,509.28	\$36,632	\$0.00	\$0.00	\$538.24	\$48.93	\$711.04	\$64.64	\$1,187.56	\$107.96	\$1,360.36	\$123.67
Blue Shield Trio HMO												
Employee Only	\$13,617.48	\$14,981	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$119.56	\$10.87
Employee +1	\$27,234.96	\$28,513	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$32.24	\$2.93	\$205.04	\$18.64
Employee + 2 or More	\$35,405.40	\$36,632	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$83.68	\$7.61	\$256.48	\$23.32
Kaiser HMO												
Employee Only	\$13,354.80	\$14,981	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee +1	\$26,709.60	\$28,513	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee + 2 or More	\$34,722.48	\$36,632	\$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	\$14,214.96	\$14,981	\$0.00	\$0.00	\$0.00	\$0.00	\$67.72	\$6.16	\$544.24	\$49.48	\$717.04	\$65.19
Employee +1	\$28,429.92	\$28,513	\$0.00	\$0.00	\$577.88	\$52.53	\$750.68	\$68.24	\$1,227.20	\$111.56	\$1,400.00	\$127.27
Employee + 2 or More	\$36,958.92	\$36,632	\$326.92	\$29.72	\$987.88	\$89.81	\$1,160.68	\$105.52	\$1,637.20	\$148.84	\$1,810.00	\$164.55
UnitedHealthCare Harmony HMO												
Employee Only	\$12,060.24	\$14,981	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee +1	\$24,120.48	\$28,513	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee + 2 or More	\$31,356.60	\$36,632	\$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	\$12,164.40	\$14,981	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee +1	\$24,328.80	\$28,513	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee + 2 or More	\$31,627.44	\$36,632	\$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	\$17,713.20	\$14,981	\$2,732.20	\$248.38	\$3,393.16	\$308.47	\$3,565.96	\$324.18	\$4,042.48	\$367.50	\$4,215.28	\$383.21
Employee +1	\$35,426.40	\$28,513	\$6,913.40	\$628.49	\$7,574.36	\$688.58	\$7,747.16	\$704.29	\$8,223.68	\$747.61	\$8,396.48	\$763.32
Employee + 2 or More	\$46,054.32	\$36,632	\$9,422.32	\$856.57	\$10,083.28	\$916.66	\$10,256.08	\$932.37	\$10,732.60	\$975.69	\$10,905.40	\$991.40

*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
January 1, 2025 - December 31, 2025
10-Month Full-Time Employees**

The District contribution toward your annual benefits is a maximum of \$14,981 for employee only, \$28,513 for employee +1, or \$36,632 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	Annual Medical Premium Total	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	\$15,079.80	\$14,981	\$98.80	\$9.88	\$759.76	\$75.98	\$932.56	\$93.26	\$1,409.08	\$140.91	\$1,581.88	\$158.19
Employee +1	\$30,159.60	\$28,513	\$1,646.60	\$164.66	\$2,307.56	\$230.76	\$2,480.36	\$248.04	\$2,956.88	\$295.69	\$3,129.68	\$312.97
Employee + 2 or More	\$39,207.48	\$36,632	\$2,575.48	\$257.55	\$3,236.44	\$323.64	\$3,409.24	\$340.92	\$3,885.76	\$388.58	\$4,058.56	\$405.86
Anthem Traditional HMO												
Employee Only	\$18,004.80	\$14,981	\$3,023.80	\$302.38	\$3,684.76	\$368.48	\$3,857.56	\$385.76	\$4,334.08	\$433.41	\$4,506.88	\$450.69
Employee +1	\$36,009.60	\$28,513	\$7,496.60	\$749.66	\$8,157.56	\$815.76	\$8,330.36	\$833.04	\$8,806.88	\$880.69	\$8,979.68	\$897.97
Employee + 2 or More	\$46,812.48	\$36,632	\$10,180.48	\$1,018.05	\$10,841.44	\$1,084.14	\$11,014.24	\$1,101.42	\$11,490.76	\$1,149.08	\$11,663.56	\$1,166.36
Blue Shield Access+ HMO												
Employee Only	\$14,042.04	\$14,981	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$371.32	\$37.13	\$544.12	\$54.41
Employee +1	\$28,084.08	\$28,513	\$0.00	\$0.00	\$232.04	\$23.20	\$404.84	\$40.48	\$881.36	\$88.14	\$1,054.16	\$105.42
Employee + 2 or More	\$36,509.28	\$36,632	\$0.00	\$0.00	\$538.24	\$53.82	\$711.04	\$71.10	\$1,187.56	\$118.76	\$1,360.36	\$136.04
Blue Shield Trio HMO												
Employee Only	\$13,617.48	\$14,981	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$119.56	\$11.96
Employee +1	\$27,234.96	\$28,513	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$32.24	\$3.22	\$205.04	\$20.50
Employee + 2 or More	\$35,405.40	\$36,632	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$83.68	\$8.37	\$256.48	\$25.65
Kaiser HMO												
Employee Only	\$13,354.80	\$14,981	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee +1	\$26,709.60	\$28,513	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee + 2 or More	\$34,722.48	\$36,632	\$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	\$14,214.96	\$14,981	\$0.00	\$0.00	\$0.00	\$0.00	\$67.72	\$6.77	\$544.24	\$54.42	\$717.04	\$71.70
Employee +1	\$28,429.92	\$28,513	\$0.00	\$0.00	\$577.88	\$57.79	\$750.68	\$75.07	\$1,227.20	\$122.72	\$1,400.00	\$140.00
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UnitedHealthCare Harmony HMO												
Employee Only	\$12,060.24	\$14,981	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee +1	\$24,120.48	\$28,513	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee + 2 or More	\$31,356.60	\$36,632	\$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	\$12,164.40	\$14,981	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee +1	\$24,328.80	\$28,513	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee + 2 or More	\$31,627.44	\$36,632	\$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	\$17,713.20	\$14,981	\$2,732.20	\$273.22	\$3,393.16	\$339.32	\$3,565.96	\$356.60	\$4,042.48	\$404.25	\$4,215.28	\$421.53
Employee +1	\$35,426.40	\$28,513	\$6,913.40	\$691.34	\$7,574.36	\$757.44	\$7,747.16	\$774.72	\$8,223.68	\$822.37	\$8,396.48	\$839.65
Employee + 2 or More	\$46,054.32	\$36,632	\$9,422.32	\$942.23	\$10,083.28	\$1,008.33	\$10,256.08	\$1,025.61	\$10,732.60	\$1,073.26	\$10,905.40	\$1,090.54

*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.