



## Executive Management

President/CEO, Vice Presidents, Board of Trustees ONLY

2025-2026 Benefit Plan Premiums and District Contribution

Benefit Year: October 1, 2025 – September 30, 2026

**The College provides fully paid medical, dental, vision, and basic life insurance benefits for employees, spouses, and eligible dependents.**

If you are adding a dependent, verification **must** be provided to Human Resources.

|                                                                                             | Single-Party     | Two-Party  | Family     |
|---------------------------------------------------------------------------------------------|------------------|------------|------------|
| <b>Medical Plans</b>                                                                        |                  |            |            |
| <b>HMO</b>                                                                                  |                  |            |            |
| Kaiser Permanente \$15; Rx \$5-20 (30 Day)<br>234480-0089AMN                                | \$902.00         | \$1,805.00 | \$2,346.00 |
| Blue Shield Trio Network \$10; Rx \$5-20 (30 Day)<br>701071H031000                          | \$917.00         | \$1,825.00 | \$2,382.00 |
| Blue Shield Access+ Full Network \$10; Rx \$5-20<br>(30 Day) 701071H011000                  | \$955.00         | \$1,904.00 | \$2,486.00 |
| <b>PPO</b>                                                                                  |                  |            |            |
| Blue Shield 80G \$20; Rx \$5-20 (30 Day) 701070P031000                                      | \$936.00         | \$1,866.00 | \$2,435.00 |
| Blue Shield 90G \$20; Rx \$5-20 (30 Day) 701070P021000                                      | \$1,018.00       | \$2,034.00 | \$2,656.00 |
| Blue Shield 100A \$10; Rx \$5-20 (30 Day)<br>701070P011000                                  | \$1,185.00       | \$2,377.00 | \$3,106.00 |
| Blue Shield 2-Tier HSA<br>(Must meet criteria**; Spouses are not eligible)<br>701070P061000 | \$623.00         | \$1,223.00 | \$1,223.00 |
| <b>Dental Plan</b>                                                                          | <b>Composite</b> |            |            |
| DeltaCare HMO 71691 06011                                                                   | \$37.87          |            |            |
| Delta Dental PPO Plan 1500; \$2,000 Orthodontics<br>7079 3001                               | \$101.40         |            |            |
| Delta Dental PPO Incentive Plan Unlimited; \$2,000<br>Orthodontics 7079 3000                | \$140.40         |            |            |
| <b>Vision Plan</b>                                                                          | <b>Composite</b> |            |            |
| VSP Signature Plan C, Single \$0 Copay 252464824AMN                                         | \$25.50          |            |            |
| <b>Basic Life Insurance</b>                                                                 | <b>Composite</b> |            |            |
| MetLife Basic Life and AD&D - \$75,000                                                      | \$10.00          |            |            |

\*\*This is a catastrophic plan and is only available to employees who meet any of the following criteria:

- Enrolled in their spouse's medical plan.
- Coverage as a retiree or through the VA.
- Coverage through another employer.

If you have any questions, please contact Health and Benefits Services at [HRbenefits@mtsac.edu](mailto:HRbenefits@mtsac.edu).



## Executive Management Associate Vice Presidents ONLY

### 2025-2026 Benefit Plan Premiums and District Contribution

Benefit Year: October 1, 2025 – September 30, 2026

| Management<br>Monthly District Contribution |            |            |
|---------------------------------------------|------------|------------|
| Single-Party                                | Two-Party  | Family     |
| \$912.17                                    | \$1,878.37 | \$2,419.37 |

If you are adding a dependent, verification **must** be provided to Human Resources.

|                                                                                          | Single-Party     | Two-Party  | Family     |
|------------------------------------------------------------------------------------------|------------------|------------|------------|
| <b>Medical Plans</b>                                                                     |                  |            |            |
| <b>HMO</b>                                                                               |                  |            |            |
| Kaiser Permanente \$15; Rx \$5-20 (30 Day)<br>234480-0089AMN                             | \$902.00         | \$1,805.00 | \$2,346.00 |
| Blue Shield Trio Network \$10; Rx \$5-20 (30 Day)<br>701071H031000                       | \$917.00         | \$1,825.00 | \$2,382.00 |
| Blue Shield Access+ Full Network \$10; Rx \$5-20<br>(30 Day) 701071H011000               | \$955.00         | \$1,904.00 | \$2,486.00 |
| <b>PPO</b>                                                                               |                  |            |            |
| Blue Shield 80G \$20; Rx \$5-20 (30 Day) 701070P031000                                   | \$936.00         | \$1,866.00 | \$2,435.00 |
| Blue Shield 90G \$20; Rx \$5-20 (30 Day) 701070P021000                                   | \$1,018.00       | \$2,034.00 | \$2,656.00 |
| Blue Shield 100A \$10; Rx \$5-20 (30 Day)<br>701070P011000                               | \$1,185.00       | \$2,377.00 | \$3,106.00 |
| Blue Shield 2-Tier HSA 701070P061000<br>(Must meet criteria**; Spouses are not eligible) | \$623.00         | \$1,223.00 | \$1,223.00 |
| <b>Dental Plan</b>                                                                       | <b>Composite</b> |            |            |
| DeltaCare HMO 71691 06011                                                                | \$37.87          |            |            |
| Delta Dental PPO Plan 1500; \$2,000 Orthodontics<br>7079 3001                            | \$101.40         |            |            |
| Delta Dental PPO Incentive Plan Unlimited; \$2,000<br>Orthodontics 7079 3000             | \$140.40         |            |            |
| <b>Vision Plan</b>                                                                       | <b>Composite</b> |            |            |
| VSP Signature Plan C, Single \$0 Copay 252464824AMN                                      | \$25.50          |            |            |
| <b>Basic Life Insurance</b>                                                              | <b>Composite</b> |            |            |
| MetLife Basic Life and AD&D - \$75,000                                                   | \$10.00          |            |            |

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