MT. SAC
Mt. San Antonio College

Classified CSEA 651 Employees ONLY

2026-2027 Benefit Plan Premiums and District Contribution

Benefit Year: October 1, 2026 – September 30, 2027

Classified CSEA 651 Monthly District Contribution		
Single-Party	**Two-Party**	**Family**
$1,050.69	$2,024.37	$2,609.37

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

	Single-Party	Two-Party	Family
Medical Plans			
HMO			
Kaiser Permanente $15; Rx $5-20 (30 Day) **234480-0089ALN**	$975.00	$1,951.00	$2,536.00
Kaiser Permanente $0; Rx $5-20 (30 Day) **234480-0088ALN**	$1,043.00	$2,087.00	$2,713.00
Blue Shield Trio Network $10; Rx $5-20 (30 Day) **701071H031001**	$998.00	$1,987.00	$2,595.00
Blue Shield Access+ Full Network $10; Rx $5-20 (30 Day) **701071H011001**	$1,041.00	$2,075.00	$2,709.00
PPO			
Blue Shield 90G $20; Rx $5-20 (30 Day) **701070P021001**	$1,108.00	$2,214.00	$2,892.00
Blue Shield 100A $10; Rx $5-20 (30 Day) **701070P011001**	$1,290.00	$2,588.00	$3,382.00
Blue Shield 2-Tier HSA **701070P061001** (Must meet criteria**; Spouses are not eligible)	$683.00	$1,338.00	$1,338.00
Dental Plan	**Composite**		
DeltaCare HMO **71691 06013**	$37.87		
Delta Dental PPO Plan 1500; $2,000 Orthodontics **7079 3006**	$101.40		
Delta Dental PPO Incentive Plan Unlimited; $2,000 Orthodontics **7079 3005**	$140.40		
Vision Plan	**Composite**		
VSP Signature Plan C, Single $0 Copay **252464824ALN**	$25.50		
Basic Life Insurance	**Composite**		
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.