



## Classified CSEA 262 and Auxiliary Employees ONLY

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

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

Classified CSEA 262 & Auxiliary Monthly District Contribution		
Single-Party	Two-Party	Family
\$1,050.67	\$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) 234480-0089ALN	\$902.00	\$1,805.00	\$2,346.00
Kaiser Permanente \$0; Rx \$5-20 (30 Day) 234480-0088ALN	\$965.00	\$1,931.00	\$2,510.00
Blue Shield Trio Network \$10; Rx \$5-20 (30 Day) 701071H031001	\$917.00	\$1,825.00	\$2,382.00
Blue Shield Access+ Full Network \$10; Rx \$5-20 (30 Day) 701071H011001	\$955.00	\$1,904.00	\$2,486.00
<b>PPO</b>			
Blue Shield 90G \$20; Rx \$5-20 (30 Day) 701070P021001	\$1,018.00	\$2,034.00	\$2,656.00
Blue Shield 100A \$10; Rx \$5-20 (30 Day) 701070P011001	\$1,185.00	\$2,377.00	\$3,106.00
Blue Shield 2-Tier HSA 701070P061001 (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 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		
<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).