

Full-Time Faculty Employees ONLY

2024 Benefit Plan Premiums and District Contributions Benefit Year: January 1 – December 31, 2024

| Tenthly District Contribution* | | | |
|--------------------------------|------------|------------|--|
| Single-Party | Two-Party | Family | |
| \$1,215.90 | \$1,991.24 | \$2,561.24 | |

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

| | Single-Party | Two-Party | Family |
|--|--------------|-------------|-------------|
| Medical Plans - Region 2 (OC/SD) | | _ | _ |
| НМО | | | |
| Anthem Select | \$ 969.26 | \$ 1,938.51 | \$ 2,520.06 |
| Anthem Traditional | \$ 1,241.26 | \$ 2,482.52 | \$ 3,227.27 |
| Blue Shield Access+ Full Network | \$ 1,042.97 | \$ 2,085.94 | \$ 2,711.72 |
| Blue Shield Trio Network | \$ 972.29 | \$ 1,944.58 | \$ 2,527.95 |
| Health Net Salud Y Mas | \$ 821.73 | \$ 1,643.45 | \$ 2,136.49 |
| Kaiser | \$ 1,085.94 | \$ 2,171.88 | \$ 2,823.45 |
| Sharp (San Diego Only) | \$ 999.89 | \$ 1,999.78 | \$ 2,599.71 |
| United Healthcare Alliance | \$ 1,005.46 | \$ 2,010.92 | \$ 2,614.19 |
| United Healthcare Harmony | \$ 951.18 | \$ 1,902.36 | \$ 2,473.07 |
| PPO | | | |
| PERS Gold | \$ 959.33 | \$ 1,918.66 | \$ 2,494.26 |
| PERS Platinum | \$ 1,381.80 | \$ 2,763.60 | \$ 3,592.68 |
| Medical Plans – Region 3 (LA/SB/RV) | | | |
| HMO | | | |
| Anthem Select | \$ 1,009.36 | \$ 2,018.72 | \$ 2,624.33 |
| Anthem Traditional | \$ 1,215.21 | \$ 2,430.41 | \$ 3,159.54 |
| Blue Shield Access+ Full Network | \$ 907.98 | \$ 1,815.96 | \$ 2,360.75 |
| Blue Shield Trio Network | \$ 845.63 | \$ 1,691.26 | \$ 2,198.64 |
| Health Net Salud Y Mas | \$ 756.16 | \$ 1,512.32 | \$ 1,966.01 |
| Kaiser | \$ 1,038.50 | \$ 2,076.99 | \$ 2,700.08 |
| United Healthcare Alliance | \$ 991.73 | \$ 1,983.46 | \$ 2,578.50 |
| United Healthcare Harmony | \$ 881.72 | \$ 1,763.43 | \$ 2,292.46 |
| PPO | | | |
| PERS Gold | \$ 942.34 | \$ 1,884.68 | \$ 2,450.08 |
| PERS Platinum | \$ 1,357.77 | \$ 2,715.53 | \$ 3,530.19 |
| Dental Plan (All Regions) | Composite | | |
| DeltaCare Prepaid | \$45.45 | | |
| Delta Dental PPO - \$1,000 | \$106.52 | | |
| Delta Dental PPO - \$2,500 | \$161.81 | | |
| Vision Plan (All Regions) | Composite | | |
| Vision Service Plan (VSP) | \$27.64 | | |
| Basic Life Insurance (All Regions) | Composite | | |
| MetLife Basic Life and AD&D - \$75,000 | \$12.00 | | |

If you have any questions, please contact Health and Benefits Services at HRbenefits@mtsac.edu.