

**Full-Time Faculty Employees ONLY**

2024 Benefit Plan Premiums and District Contributions

Benefit Year: January 1 – December 31, 2024

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| **Tenthly District Contribution\*** |
| **Single-Party** | **Two-Party** | **Family** |
| $1,215.90 | $1,849.88 | $2,376.68 |

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|  | **Single-Party** | **Two-Party** | **Family** |
| **Medical Plans** |  |  |  |
| **HMO** |  |  |  |
| ANTHEM HMO SELECT (LA/SB/RV) |  $ 1,009.36  |  $ 2,018.72  |  $ 2,624.33  |
| ANTHEM HMO SELECT (OC/SD) |  $ 969.26  |  $ 1,938.51  |  $ 2,520.06  |
| ANTHEM HMO TRADITIONAL (LA/SB/RV) |  $ 1,215.21  |  $ 2,430.41  |  $ 3,159.54  |
| ANTHEM HMO TRADITIONAL (OC/SD) |  $ 1,241.26  |  $ 2,482.52  |  $ 3,227.27  |
| BLUE SHIELD A+ (LA/SB/RV) |  $ 907.98  |  $ 1,815.96  |  $ 2,360.75  |
| BLUE SHIELD A+ (OC/SD) |  $ 1,042.97  |  $ 2,085.94  |  $ 2,711.72  |
| BLUE SHIELD TRIO (LA/SB/RV) |  $ 845.63  |  $ 1,691.26  |  $ 2,198.64  |
| BLUE SHIELD TRIO (OC/SD) |  $ 972.29  |  $ 1,944.58  |  $ 2,527.95  |
| HEALTH NET SALUD Y MAS (LA/SB/RV) |  $ 756.16  |  $ 1,512.32  |  $ 1,966.01  |
| HEALTH NET SALUD Y MAS (OC/SD) |  $ 821.73  |  $ 1,643.45  |  $ 2,136.49  |
| KAISER (LA/SB/RV) |  $ 1,038.50  |  $ 2,076.99  |  $ 2,700.08  |
| KAISER (OC/SD) |  $ 1,085.94  |  $ 2,171.88  |  $ 2,823.45  |
| ANTHEM HMO SELECT (LA/SB/RV) |  $ 1,009.36  |  $ 2,018.72  |  $ 2,624.33  |
| ANTHEM HMO SELECT (OC/SD) |  $ 969.26  |  $ 1,938.51  |  $ 2,520.06  |
| SHARP (San Diego Only) |  $ 999.89  |  $ 1,999.78  |  $ 2,599.71  |
| UNITED HEALTHCARE ALLIANCE (LA/SB/RV) |  $ 991.73  |  $ 1,983.46  |  $ 2,578.50  |
| UNITED HEALTHCARE ALLIANCE (OC/SD) |  $ 1,005.46  |  $ 2,010.92  |  $ 2,614.19  |
| UNITED HEALTHCARE HARMONY (LA/SB/RV) |  $ 881.72  |  $ 1,763.43  |  $ 2,292.46  |
| UNITED HEALTHCARE HARMONY (OC/SD) |  $ 951.18  |  $ 1,902.36  |  $ 2,473.07  |
| **PPO** |  |  |  |
| PERS GOLD (LA/SB/RV)  |  $ 942.34  |  $ 1,884.68  |  $ 2,450.08  |
| PERS GOLD (OC/SD)  |  $ 959.33  |  $ 1,918.66  |  $ 2,494.26  |
| PERS PLATINUM (LA/SB/RV)  |  $ 1,357.77  |  $ 2,715.53  |  $ 3,530.19  |
| PERS PLATINUM (OC/SD)  |  $ 1,381.80  |  $ 2,763.60  |  $ 3,592.68  |
| **Dental Plan**  | **Composite** |  |  |
| Delta Dental PPO - $2,500 | $161.81 |  |  |
| Delta Dental PPO - $1,000 | $106.52 |  |  |
| DeltaCare Prepaid | $45.45 |  |  |
| **Vision Plan**  | **Composite** |  |  |
| Vision Service Plan (VSP) | $27.64 |  |  |
|  |  |  |  |
| **Basic Life Insurance**  | **Composite** |  |  |
| MetLife Basic Life and AD&D - $75,000 | $12.00 |  |  |

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