

**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**