Full-Time Faculty Employees ONLY

2027 Benefit Plan Premiums and District Contributions
Benefit Year: January 1 – December 31, 2027

Tenthly District Contribution*		
Single-Party	**Two-Party**	**Family**
$1,260.80	$2,429.24	$3,131.24

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

	Single-Party	Two-Party	Family
Medical Plans – Region 2 (OC/SD)			
HMO			
Anthem Blue Cross Select	$1,368.24	$2,736.48	$3,557.43
Anthem Blue Cross Traditional	$1,516.58	$3,033.15	$3,943.09
Blue Shield Access+ (Full Network)	$1,413.33	$2,826.65	$3,674.65
Blue Shield Trio	$1,165.49	$2,330.98	$3,030.27
Health Net Salud y Mas	$1,143.78	$2,287.56	$2,973.83
Kaiser Permanente	$1,237.13	$2,474.26	$3,216.54
Sharp Performance Plus (San Diego Only)	$1,170.26	$2,340.51	$3,042.66
PPO			
Blue Shield PERS Gold	$1,212.15	$2,424.29	$3,151.58
Blue Shield PERS Platinum	$1,846.29	$3,692.57	$4,800.34
Medical Plans – Region 3 (LA/SB/RV)			
HMO			
Anthem Blue Cross Select	$1,270.88	$2,541.75	$3,304.27
Anthem Blue Cross Traditional	$1,486.83	$2,973.65	$3,865.75
Blue Shield Access+ (Full Network)	$1,170.23	$2,340.46	$3,042.60
Blue Shield Trio	$1,089.62	$2,179.23	$2,833.00
Health Net Salud y Mas	$962.10	$1,924.20	$2,501.46
Kaiser Permanente	$1,213.54	$2,427.08	$3,155.20
PPO			
Blue Shield PERS Gold	$1,217.40	$2,434.80	$3,165.24
Blue Shield PERS Platinum	$1,858.80	$3,717.60	$4,832.88
Dental Plan (All Regions)	**Composite**		
DeltaCare Prepaid	$45.45		
Delta Dental PPO - $1,000	$105.43		
Delta Dental PPO - $2,500	$160.16		
Vision Plan (All Regions)	**Composite**		
Vision Service Plan (VSP)	$27.27		
Basic Life Insurance (All Regions)	**Composite**		
MetLife Basic Life and AD&D - $75,000	$12.00		

*Premiums and District Contributions are processed for 10 months out of the year, with no premium deductions or contributions in July and August.

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