



## Classified CSEA 651 Employees ONLY

### 2026-2027 Benefit Plan Premiums and District Contribution

Benefit Year: October 1, 2026 – September 30, 2027

Classified CSEA 651 Monthly District Contribution		
Single-Party	Two-Party	Family
\$1,050.69	\$2,024.37	\$2,609.37

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	\$975.00	\$1,951.00	\$2,536.00
Kaiser Permanente \$0; Rx \$5-20 (30 Day) 234480-0088ALN	\$1,043.00	\$2,087.00	\$2,713.00
Blue Shield Trio Network \$10; Rx \$5-20 (30 Day) 701071H031001	\$998.00	\$1,987.00	\$2,595.00
Blue Shield Access+ Full Network \$10; Rx \$5-20 (30 Day) 701071H011001	\$1,041.00	\$2,075.00	\$2,709.00
<b>PPO</b>			
Blue Shield 90G \$20; Rx \$5-20 (30 Day) 701070P021001	\$1,108.00	\$2,214.00	\$2,892.00
Blue Shield 100A \$10; Rx \$5-20 (30 Day) 701070P011001	\$1,290.00	\$2,588.00	\$3,382.00
Blue Shield 2-Tier HSA 701070P061001 (Must meet criteria**; Spouses are not eligible)	\$683.00	\$1,338.00	\$1,338.00
<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 252464824ALN	\$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).