



## Classified CSEA 262 and Auxiliary Employees ONLY

### 2024-2025 Benefit Plan Premiums and District Contribution

Benefit Year: October 1, 2024 – September 30, 2025

<b>Classified CSEA 262 &amp; Auxiliary Monthly District Contribution</b>		
<b>Single-Party</b>	<b>Two-Party</b>	<b>Family</b>
\$1,050.67	\$1,731.37	\$2,228.37

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	\$829.00	\$1,658.00	\$2,155.00
Kaiser Permanente \$0; Rx \$5-20 (30 Day) 234480-0088ALN	\$886.00	\$1,773.00	\$2,305.00
Blue Shield Trio Network \$10; Rx \$5-20 (30 Day) 701071H031001	\$851.00	\$1,696.00	\$2,213.00
Blue Shield Access+ Full Network \$10; Rx \$5-20 (30 Day) 701071H011001	\$888.00	\$1,771.00	\$2,312.00
<b>PPO</b>			
Blue Shield 90G \$20; Rx \$5-20 (30 Day) 701070P021001	\$946.00	\$1,890.00	\$2,468.00
Blue Shield 100A \$10; Rx \$5-20 (30 Day) 701070P011001	\$1,102.00	\$2,211.00	\$2,889.00
Blue Shield 2-Tier HSA 701070P061001 (Must meet criteria**; Spouses are not eligible)	\$576.00	\$1,131.00	\$1,131.00
<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 2978585A	\$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 below 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).