

# HCCD ACTIVE EMPLOYEE INSURANCE

Based on Jan 1, 2020 Premiums [^Increases to 2019 rates are noted under individual medical plans]

100% District Contribution for Employee Base Plan coverage\*  
95% District Contribution for Dependent Base Plan coverage

BASE Plan: PPO \$25									
Base Plan: PPO \$25 Monthly Amount	Employee Only			Employee + 1 Dependent			Full Family		
	Premium	District	Employee	Premium	District	Employee	Premium	District	Employee
MCSIG PPO \$25 (80/20) [ <sup>^</sup> 12.08%]	954.00	954.00	-	1,904.00	1,856.50	47.50	2,473.00	2,397.05	75.95
Delta Dental	54.00	54.00	-	102.00	99.60	2.40	175.00	168.95	6.05
VSP Vision	11.00	11.00	-	16.00	15.75	0.25	29.00	28.10	0.90
Accidental Death	6.60	6.60	-	6.60	6.60	-	6.60	6.60	-
Long Term Disability <sup>1</sup>	8.89	8.89	-	8.89	8.89	-	8.89	8.89	-
<b>TOTAL</b>	<b>1,034.49</b>	<b>1,034.49</b>	<b>-</b>	<b>2,037.49</b>	<b>1,987.34</b>	<b>\$ 50.15</b>	<b>2,692.49</b>	<b>2,609.59</b>	<b>\$ 82.90</b>
	No out-of-pocket			out-of-pocket			out-of-pocket		

ALTERNATE PLANS AVAILABLE AT 90% & 80% COVERAGE (on allowed services)									
PPO\$20	Employee Only			Employee + 1 Dependent			Full Family		
	Premium	District	Employee	Premium	District	Employee	Premium	District	Employee
MCSIG PPO\$20 (90/10) [ <sup>^</sup> 21.93%]	1,465.00	954.00	511.00	2,927.00	1,856.50	1,070.50	3,802.00	2,397.05	1,404.95
Delta Dental	54.00	54.00	-	102.00	99.60	2.40	175.00	168.95	6.05
VSP Vision	11.00	11.00	-	16.00	15.75	0.25	29.00	28.10	0.90
Accidental Death	6.60	6.60	-	6.60	6.60	-	6.60	6.60	-
Long Term Disability	8.89	8.89	-	8.89	8.89	-	8.89	8.89	-
<b>TOTAL</b>	<b>1,545.49</b>	<b>1,034.49</b>	<b>511.00</b>	<b>3,060.49</b>	<b>1,987.34</b>	<b>1,073.15</b>	<b>4,021.49</b>	<b>2,609.59</b>	<b>1,411.90</b>
PPO\$20 pays 90% on allowed services	out-of-pocket			out-of-pocket			out-of-pocket		

EPO Southern California (80/20) Plan									
EPO Southern California	Employee Only			Employee + 1 Dependent			Full Family		
	Premium	District	Employee	Premium	District	Employee	Premium	District	Employee
EPOSC [\$25] (80/20) [ <sup>^</sup> 7.15%]	620.00	954.00	(334.00)	1,235.00	1,856.50	(621.50)	1,603.00	2,397.05	(794.05)
Delta Dental	54.00	54.00	-	102.00	99.60	2.40	175.00	168.95	6.05
VSP Vision	11.00	11.00	-	16.00	15.75	0.25	29.00	28.10	0.90
Accidental Death	6.60	6.60	-	6.60	6.60	-	6.60	6.60	-
Long Term Disability	8.89	8.89	-	8.89	8.89	-	8.89	8.89	-
<b>TOTAL</b>	<b>700.49</b>	<b>1,034.49</b>	<b>(200.00)</b>	<b>1,368.49</b>	<b>1,987.34</b>	<b>(200.00)</b>	<b>1,822.49</b>	<b>2,609.59</b>	<b>(200.00)</b>
EPOSC pays 80% on allowed services	HRA District Contribution MAX \$200			HRA District Contribution MAX \$200			HRA District Contribution MAX \$200		

ALTERNATE REIMBURSEMENT PLAN (When Covered by Other Qualified Medical Plan):									
Complete Care <small>(requires enrollment in non-MCSIG medical plan)<sup>2</sup></small>	Employee Only			Employee + 1 Dependent			Full Family		
	Premium	District	Employee	Premium	District	Employee	Premium	District	Employee
Complete Care (Reimbursement Plan) <sup>2</sup>	728.00	954.00	(226.00)	728.00	1,856.50	(1,128.50)	728.00	2,397.05	(1,669.05)
Delta Dental	54.00	54.00	-	102.00	99.60	2.40	175.00	168.95	6.05
VSP Vision	11.00	11.00	-	16.00	15.75	0.25	29.00	28.10	0.90
Accidental Death	6.60	6.60	-	6.60	6.60	-	6.60	6.60	-
Long Term Disability	8.89	8.89	-	8.89	8.89	-	8.89	8.89	-
<b>TOTAL</b>	<b>808.49</b>	<b>1,034.49</b>	<b>(200.00)</b>	<b>861.49</b>	<b>1,987.34</b>	<b>(200.00)</b>	<b>947.49</b>	<b>2,609.59</b>	<b>(200.00)</b>
	HRA District Contribution MAX \$200			HRA District Contribution MAX \$200			HRA District Contribution MAX \$200		

ALTERNATE PLANS AVAILABLE AT 70% COVERAGE (on allowed services):									
PPO \$30	Employee Only			Employee + 1 Dependent			Full Family		
	Premium	District	Employee	Premium	District	Employee	Premium	District	Employee
PPO \$30 (70/30) [ <sup>^</sup> 7.15%]	866.00	954.00	(88.00)	1,728.00	1,856.50	(128.50)	2,245.00	2,397.05	(152.05)
Delta Dental	54.00	54.00	-	102.00	99.60	2.40	175.00	168.95	6.05
VSP Vision	11.00	11.00	-	16.00	15.75	0.25	29.00	28.10	0.90
Accidental Death	6.60	6.60	-	6.60	6.60	-	6.60	6.60	-
Long Term Disability	8.89	8.89	-	8.89	8.89	-	8.89	8.89	-
<b>TOTAL</b>	<b>946.49</b>	<b>1,034.49</b>	<b>(88.00)</b>	<b>1,861.49</b>	<b>1,987.34</b>	<b>(125.85)</b>	<b>2,464.49</b>	<b>2,609.59</b>	<b>(145.10)</b>
	HRA District Contribution			HRA District Contribution			HRA District Contribution		

PPO \$35	Employee Only			Employee + 1 Dependent			Full Family		
	Premium	District	Employee	Premium	District	Employee	Premium	District	Employee
PPO \$35 (70/30) [ <sup>^</sup> 12.08%]	884.00	954.00	(70.00)	1,761.00	1,856.50	(95.50)	2,287.00	2,397.05	(110.05)
Delta Dental	54.00	54.00	-	102.00	99.60	2.40	175.00	168.95	6.05
VSP Vision	11.00	11.00	-	16.00	15.75	0.25	29.00	28.10	0.90
Accidental Death	6.60	6.60	-	6.60	6.60	-	6.60	6.60	-
Long Term Disability	8.89	8.89	-	8.89	8.89	-	8.89	8.89	-
<b>TOTAL</b>	<b>964.49</b>	<b>1,034.49</b>	<b>(70.00)</b>	<b>1,894.49</b>	<b>1,987.34</b>	<b>(92.85)</b>	<b>2,506.49</b>	<b>2,609.59</b>	<b>(103.10)</b>
	HRA District Contribution			HRA District Contribution			HRA District Contribution		

PPO \$40	Employee Only			Employee + 1 Dependent			Full Family		
	Premium	District	Employee	Premium	District	Employee	Premium	District	Employee
PPO \$40 (70/30) [ <sup>^</sup> 7.15%]	821.00	954.00	(133.00)	1,638.00	1,856.50	(218.50)	2,127.00	2,397.05	(270.05)
Delta Dental	54.00	54.00	-	102.00	99.60	2.40	175.00	168.95	6.05
VSP Vision	11.00	11.00	-	16.00	15.75	0.25	29.00	28.10	0.90
Accidental Death	6.60	6.60	-	6.60	6.60	-	6.60	6.60	-
Long Term Disability	8.89	8.89	-	8.89	8.89	-	8.89	8.89	-
<b>TOTAL</b>	<b>901.49</b>	<b>1,034.49</b>	<b>(133.00)</b>	<b>1,771.49</b>	<b>1,987.34</b>	<b>(200.00)</b>	<b>2,346.49</b>	<b>2,609.59</b>	<b>(200.00)</b>
	HRA District Contribution			HRA District MAX Contribution			HRA District MAX Contribution		

PPO \$50	Employee Only			Employee + 1 Dependent			Full Family		
	Premium	District	Employee	Premium	District	Employee	Premium	District	Employee
PPO \$50 (70/30) [ <sup>^</sup> 7.15%]	770.00	954.00	(184.00)	1,537.00	1,856.50	(319.50)	1,997.00	2,397.05	(400.05)
Delta Dental	54.00	54.00	-	102.00	99.60	2.40	175.00	168.95	6.05
VSP Vision	11.00	11.00	-	16.00	15.75	0.25	29.00	28.10	0.90
Accidental Death	6.60	6.60	-	6.60	6.60	-	6.60	6.60	-
Long Term Disability	8.89	8.89	-	8.89	8.89	-	8.89	8.89	-
<b>TOTAL</b>	<b>850.49</b>	<b>1,034.49</b>	<b>(184.00)</b>	<b>1,670.49</b>	<b>1,987.34</b>	<b>(200.00)</b>	<b>2,216.49</b>	<b>2,609.59</b>	<b>(200.00)</b>
	HRA District Contribution			HRA District MAX Contribution			HRA District Contribution MAX \$200		

PPO \$60 (HDHP/1st dollar to deductible)	Employee Only			Employee + 1 Dependent			Full Family		
	Premium	District	Employee	Premium	District	Employee	Premium	District	Employee
PPO \$60 (70/30) [ <sup>^</sup> 7.15%]	693.00	954.00	(261.00)	1,378.00	1,856.50	(478.50)	1,603.00	2,397.05	(794.05)
Delta Dental	54.00	54.00	-	102.00	99.60	2.40	175.00	168.95	6.05
VSP Vision	11.00	11.00	-	16.00	15.75	0.25	29.00	28.10	0.90
Accidental Death	6.60	6.60	-	6.60	6.60	-	6.60	6.60	-
Long Term Disability	8.89	8.89	-	8.89	8.89	-	8.89	8.89	-
<b>TOTAL</b>	<b>773.49</b>	<b>1,034.49</b>	<b>(200.00)</b>	<b>1,511.49</b>	<b>1,987.34</b>	<b>(200.00)</b>	<b>1,822.49</b>	<b>2,609.59</b>	<b>(200.00)</b>
	HRA District Contribution MAX \$200			HRA District Contribution MAX \$200			HRA District Contribution MAX \$200		

\* 2020 Medical premiums include \$3.00 for Group Life Insurance Coverage (rounded down from \$3.25, per MCSIG Board).

<sup>1</sup> Long-Term Disability Rate effective 12/01/18

<sup>2</sup> \$428.00 + possible \$300 max Premium Reimbursement costs included