

HCCD ACTIVE EMPLOYEE INSURANCE

Based on Jan 1, 2021 Premiums [^Increases to 2020 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) [^8.05%]	1,031.00	1,031.00	-	2,057.00	2,005.70	51.30	2,672.00	2,589.95	82.05
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 ¹	8.89	8.89	-	8.89	8.89	-	8.89	8.89	-
TOTAL	1,111.49	1,111.49	-	2,190.49	2,136.54	\$ 53.95	2,891.49	2,802.49	\$ 89.00
	No out-of-pocket			out-of-pocket			out-of-pocket		

ALTERNATE PLANS AVAILABLE AT 80% COVERAGE (on allowed services)									
PPO Select (formerly "EPO")	Employee Only			Employee + 1 Dependent			Full Family		
	Premium	District	Employee	Premium	District	Employee	Premium	District	Employee
EPOSC [\$25] (80/20) [^8.05%]	670.00	670.00	-	1,334.00	2,005.70	(671.70)	1,732.00	2,589.95	(857.95)
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	-
TOTAL	750.49	750.49	(200.00)	1,467.49	2,136.54	(200.00)	1,951.49	2,802.49	(200.00)
PPO Select pays 80% on allowed services 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)</small>	Employee Only			Employee + 1 Dependent			Full Family		
	Premium	District	Employee	Premium	District	Employee	Premium	District	Employee
Complete Care (Reimbursement Plan) ²	728.00	1,031.00	(303.00)	728.00	2,005.70	(1,277.70)	728.00	2,589.95	(1,861.95)
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	-
TOTAL	808.49	1,111.49	(200.00)	861.49	2,136.54	(200.00)	947.49	2,802.49	(200.00)
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) [^8.05%]	936.00	1,031.00	(95.00)	1,867.00	2,005.70	(138.70)	2,426.00	2,589.95	(163.95)
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	-
TOTAL	1,016.49	1,111.49	(95.00)	2,000.49	2,136.54	(136.05)	2,645.49	2,802.49	(157.00)
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) [^8.05%]	887.00	1,031.00	(144.00)	1,770.00	2,005.70	(235.70)	2,298.00	2,589.95	(291.95)
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	-
TOTAL	967.49	1,111.49	(144.00)	1,903.49	2,136.54	(200.00)	2,517.49	2,802.49	(200.00)
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) [^8.05%]	832.00	1,031.00	(199.00)	1,661.00	2,005.70	(344.70)	2,158.00	2,589.95	(431.95)
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	-
TOTAL	912.49	1,111.49	(199.00)	1,794.49	2,136.54	(200.00)	2,377.49	2,802.49	(200.00)
HRA District Contribution HRA District MAX Contribution HRA District Contribution MAX \$200									

PPO \$60 <small>(HDHP/1st dollar to deductible)</small>	Employee Only			Employee + 1 Dependent			Full Family		
	Premium	District	Employee	Premium	District	Employee	Premium	District	Employee
PPO \$60 (70/30) [^7.15%]	749.00	1,031.00	(282.00)	1,489.00	2,005.70	(516.70)	1,936.00	2,589.95	(653.95)
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	-
TOTAL	829.49	1,111.49	(200.00)	1,622.49	2,136.54	(200.00)	2,155.49	2,802.49	(200.00)
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).

¹ Long-Term Disability Rate effective 12/01/18

² 2021: Remains \$428.00 + possible \$300 max Premium Reimbursement costs included

Employees may elect to move to another plan during the November open enrollment window, for a January 1 effective date.

Above amounts are based on MCSIG's 12-monthly premium schedule / Amounts do not reflect individual pay cycle contributions (i.e., less than 12 month).