



MCSIG

municipalities • colleges • schools  
insurance group

# MCSIG PLANS

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**HARTNELL COLLEGE**

**OPEN ENROLLMENT**



**2020**  
**Municipalities, Colleges, Schools Insurance Group**  
**Medical PPO & EPO Plan Comparison**

Participant's share of ( You Pay ):  Network: Blue Shield	PPO \$20	PPO \$25	PPO \$30	PPO \$35	PPO \$40	PPO \$50	DEDUCTIBLE MUST BE MET BEFORE ANY COVERAGE <b>PPO \$60</b> High Deductible Health Plan	NO OUT OF NETWORK COVERAGE <b>EPO Southern Ca</b>	<b>CompleteCare</b> Medical Expense Reimbursement Plan
	Deductibles (Individual / Family) <sup>1</sup>	\$400 / 2x	\$650 / 2x	\$1,000 / 2x	\$1,200 / 2x	\$1,500 / 2x	\$2,500 / 2x	\$5,000 Integrated with Med/Rx Deductible, Per Person	\$1,000 / 2x
Coinsurance - Network	10%	20%	30%	30%	30%	30%	30%	20%	No out of network coverage. No coverage for Monterey County hospitals and their owned facilities
Coinsurance - Out Network	40%	40%	50%	50%	50%	50%	No out of network coverage	20%	
Out-of-Pocket Co-Ins Maximums-Single In Network <sup>2</sup>	\$2,000	\$4,000	\$5,500	\$6,000	\$6,350	\$6,350	\$6,350	\$6,350	\$8,150 Max. Annual Reimbursement
Out-of-Pocket Co-Ins Maximums - Family In Network <sup>2</sup>	2 x Individual	2 x Individual	2 x Individual	2 x Individual	2 x Individual	2 x Individual	Per person	2 x Individual	\$16,300 Max. Annual Reimbursement
Out-Network Co-Insurance Maximums <sup>2</sup>	\$4,000 / 2 x Ind	\$7,000 / 2 x Ind.	\$11,000 / 2 x Ind	\$12,000 / 2 x Ind	\$12,700 / 2 x Ind	\$12,700 / 2 x Ind	No out of network coverage	No out of network coverage	For more information on this plan contact your District Benefit Representative
Inpatient Hospital Coinsurance (In-Network) <sup>3</sup>	10%	20%	30%	30%	30%	30%	30%	20%	
Inpatient Hospital Coinsurance (Out-Network) <sup>3</sup>	40%	40%	50%	50%	50%	50%	No out of network coverage Emergency Services Only	No out of network coverage Emergency Services Only	
Separate Hospital ER Co-Pay (applies if non-emergency)	\$250 ER Room	\$250 ER Room	\$250 ER Room	\$250 ER Room	\$250 ER Room	\$250 ER Room	\$300 ER Room	\$250 ER Room	
Ground/Air Ambulance <sup>4</sup>	20%/20%	20%/20%	30%/50%	30%/50%	30%/50%	30%/50%	30%/50%	20%/20%	
Physician Benefits	In-Net/Out-Net	In-Net/Out-Net	In-Net/Out-Net	In-Net/Out-Net	In-Net/Out-Net	In-Net/Out-Net	In-Network	In-Network Only	
Surgery/Anesthesia <sup>5</sup>	10% / 40%	20% / 40%	30% / 50%	30% / 50%	30% / 50%	30% / 50%	30%	20%	
<b>Surgery Benefit Management Program</b>	<b>100% benefit when using BridgeHealth (888) 387-3909</b>								
Hospital Visits <sup>6</sup>	10% / 40%	20% / 40%	30% / 50%	30% / 50%	30% / 50%	30% / 50%	30%	20%	
Office Visits	\$20 / 40%	\$25 / 40%	\$30 / 50%	\$35 / 50%	\$40 / 50%	\$50 / 50%	\$60	\$25	
Specialist Visits	\$30 / 40%	\$35 / 40%	\$40 / 50%	\$50 / 50%	\$50 / 50%	\$50 / 50%	\$70	\$35	
Physical Exams	0% / 40%	0% / 40%	0% / 50%	0% / 50%	0% / 50%	0% / 50%	0%	0%	
Chiropractic Care-Coverage for in Network <b>&gt;Must use Chiropractic HealthPlan Network</b>	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay	
Mental Health/Substance Abuse	10% / 40%	20% / 40%	30% / 50%	30% / 50%	30% / 50%	30% / 50%	30%	20%	
<b>Other Benefits</b>	In-Net/Out-Net	In-Net/Out-Net	In-Net/Out-Net	In-Net/Out-Net	In-Net/Out-Net	In-Net/Out-Net	In-Network	In-Network	
Well Child Care	0% / 40%	0% / 40%	0% / 50%	0% / 50%	0% / 50%	0% / 50%	0%	0%	
Maternity Care <sup>7</sup>	10% / 40%	20% / 40%	30% / 50%	30% / 50%	30% / 50%	30% / 50%	30%	20%	
Skilled Nursing Facility <sup>8</sup> (to 365 days/Lifetime)	0%	20%	30% / 50%	30% / 50%	30% / 50%	30% / 50%	30%	20%	
Outpatient Diagnostic X-ray and Lab Work	10% / 40%	20% / 40%	30% / 50%	30% / 50%	30% / 50%	30% / 50%	30%	20%	
Acupuncture (Any Licensed Acupuncturist)	\$2,000 per year	\$2,000 per year	\$2,000 per year	\$2,000 per year	\$2,000 per year	\$2,000 per year	\$2,000 per year	\$2,000 per year	
Durable Medical Equipment <sup>9</sup>	20% / 40%	20% / 40%	30% / 50%	30% / 50%	30% / 50%	30% / 50%	30%	20%	
Outpatient Rehab/Physical/Occupational Therapy <sup>9</sup>	10% / 40%	20% / 40%	30% / 50%	30% / 50%	30% / 50%	30% / 50%	30%	No out of network coverage	
<b>Prescription Drugs</b>	<b>Deductible must be met first</b>								
Out-of-Pocket Co-Ins Max - Single In Network	\$1,800	\$1,800	\$1,800	\$1,800	\$1,800	\$1,800	\$1,800	\$1,800	
Out-of-Pocket Co-Ins Max - Family In Network	\$3,600	\$3,600	\$3,600	\$3,600	\$3,600	\$3,600	\$3,600	\$3,600	
Mail-Generic/Preferred/Brand (NonFormulary), 90 Day Supply	\$0 / \$40 / \$70	\$0 / \$40 / \$70	\$0 / \$50 / \$70	\$0 / \$50 / \$80	\$0 / \$50 / \$80	\$0 / \$50 / \$80	\$75	\$0 / \$50 / \$80	
Retail-Generic/Preferred/Brand (NonFormulary), 30 Day Supply	\$7 / \$20 / \$35	\$7 / \$20 / \$35	\$10 / \$25 / \$40	\$10 / \$25 / \$40	\$10 / \$25 / \$40	\$10 / \$25 / \$40	\$25	\$10 / \$25 / \$40	
Retail/Maint.-Gen./Pref/Brand (NonFormulary), 30 Day Supply	\$9.50 / \$29 / \$44	\$9.50 / \$29 / \$44	\$13 / \$35 / \$50	\$13 / \$35 / \$50	\$13 / \$35 / \$50	\$13 / \$35 / \$50	\$50	\$13 / \$35 / \$50	
Specialty, 30 Day Supply	\$21 / \$60 / \$100	\$21 / \$60 / \$100	\$21 / \$60 / \$100	\$21 / \$60 / \$100	\$21 / \$60 / \$100	\$21 / \$60 / \$100	\$200	\$21 / \$60 / \$100	

MCSIG plans and CompleteCare include \$25K life insurance coverage for active employees.

Eff. 1/1/20 \$5K life insurance coverage for retirees

Provider Search:  
[blueshieldca.com/mcsig](http://blueshieldca.com/mcsig)

## What is CompleteCare?

CompleteCare reimburses you (the employee) and your dependents for eligible health care expenses and premium expenses incurred under alternate group health coverage.

## CompleteCare Benefits

- Co-pays, deductibles and co-insurance reimbursed by CompleteCare up to \$8,150/single and \$16,300/family per year.
- No premium contribution deducted from your paycheck.
- You will be reimbursed for the premium contribution paid for the alternate coverage if it exceeds the premium contribution that you would have paid to remain on the MCSIG medical plan up to a monthly maximum of \$100/single, \$200/2-party and \$300/family.

If the cost of alternate coverage is less than you would have paid for the MCSIG medical plan, the premium contribution reimbursement is \$0.

## IRS Rules

- You may be enrolled in an HRA or FSA. You CANNOT be reimbursed from both CompleteCare and your HRA or FSA.
- You are NOT eligible for CompleteCare if your alternate coverage is:
  - has an active contribution to a Health Savings Account (HSA);
  - is Medicare, Medicaid, Tricare (Retiree only) or an Individual Policy.
  - is a Limited Benefit Health Plan.

## Are you eligible for CompleteCare®?



\*Your alternate plan's open enrollment is considered a qualifying event. If at any point an employee loses access to their alternate group health plan – a Qualifying Event – you will be able to enroll in MCSIG's group health plan.

\* CompleteCare participants are eligible for the MCSIG life insurance and Wellness program.

For more information, please contact J&K Consultants at 877.872.4232 or email us at [completecure@keenan.com](mailto:completecure@keenan.com).

# Teladoc

- **General Medical – FREE**
  - Talk to a board-certified doctor in minutes, 24/7, to treat flu, allergies, bronchitis and more. Prescriptions provided when medically necessary
- **Dermatology – FREE**
  - Access to quality dermatology care for skin conditions like acne, psoriasis, skin infection, eczema, rosacea, moles, and more! Upload images to your account and receive a treatment plan within 2 business days
- **Tobacco Cessation – FREE**
  - FDA-approved drugs like Chantix, Zyban, and nicotine replacement therapies, tobacco cessation coach, & 24/7 support
- **Sexual Health – FREE**
  - Get tested locally and discreetly for common STIs and get results within 3 business days

**Coming 1/1/20:**

- **Behavioral Health – FREE**
  - Access to a licensed therapist by phone or video with scheduled appointments at no charge!



## How to Register

*Important to register and fill out medical history prior to needing the services!*

- 1) *Teladoc.com*
- 2) *1-800-TELADOC*
- 3) *Download the app*

# Teladoc

- **Caregiver Program - \$45 Copay**

- General medical benefits include cold & flu symptoms, allergies, bronchitis, pink eye, sore throat, rashes, sinus problems, pink eye and much more!
- Does NOT have to reside in the same household
- No age requirement

## How to Set Up An Account

Once you've registered your Teladoc account:

- Add family members you're caring for, such as a parent or other family member
  - Upload any legal documents (Power of Attorney for Healthcare) required; Or have your loved one who's receiving care authorize you as a caregiver
  - Log-in and request a doctor visit
  - Talk with a doctor by phone, video or web
  - A prescription can be sent to your pharmacy when medically necessary
- **Teladoc can assist, call them at [1-800-TELADOC](tel:1-800-TELADOC)**



# MetLife “LifeWorks” – eff. 1/1/20

## Employee Assistance Program (EAP)

Expert advice for work, life, and your well-being

Up to 5 consultations with licensed counselors

- Per individual, per presenting issue, per calendar year
- Per presenting EAP issue
  - **Family:** Marriage, family and relationship issues
  - **Work:** Problems in the workplace
  - **Health:** Stress, anxiety and sadness
  - **Everyday Life:** Grief, loss or traumatic events, substance abuse
  - **Money:** Budgeting, financial guidance, retirement, buying a home, tax issues
  - **Legal Services:** Civil issues, personal and family law, financial matters
- Eligibility
  - Any household members (e.g. niece, aunt, grandchild, etc.)

Call (888) 319-7819 anytime to speak with a counselor or schedule an appointment

**NOTE: MHN for services through 12/31/19 (800) 327-8399**

# BridgeHealth Surgery benefit management program

## More than 100% coverage

- Top 25% nationally ranked hospitals and world-class surgeons for surgical outcomes in the nation
- Access to highly rated surgical facilities and doctors
- Better outcomes of care and patient satisfaction
- All MCSIG members and dependents are eligible
- Care Coordinator assigned
  - Member guidance and support
  - Types of surgeries
    - Orthopedic, Spine, ENT, Women's Health, Bariatric and other general surgeries
- Shared savings rebates from \$500 to \$4,500
  - Travel expenses for member and a caregiver when traveling more than 100 miles



(888) 387-3909

# Acupuncture



## Any Licensed Acupuncturist

- No-copay
  - In-network = approx. 30 visits annually per person
- \$2,000 Per Year Coverage, per person**

**MCSIG CUSTOMER SERVICE**  
(831) 755-8055 / (800) 287-1442





# Chiropractic Health Plan of Ca.

**\$10 co-pay per visit, no other out-of-pocket expense**

- Adjustments, therapeutic treatments (excludes massage)
- In-office diagnostic x-rays
- **Find a Chiropractor:**
  - [www.chpc.com](http://www.chpc.com)
    - Search by Zip code or City and State
  - 800-995-2442



# Express Scripts (ESI)



## Home delivery is easy, safe convenient

- Free copay for generics
- Get up to a 90-day supply of your medicine for a single home delivery copayment w/Free standard shipping
- **How to Get Started**
  - Let Express Scripts Help You
    - For transfers from a retail pharmacy, sign in at [Express-Scripts.com](https://www.express-scripts.com) or call **800-698-3757** (7:30 am-5 pm Central Mon-Fri)
  - Do It Yourself
    - Have your doctor ePrescribe or fax your prescription or
    - Mail your delivery order form and RX to ESI
- **Worry-Free Refills**
  - Order a refill online or by phone 24/7
    - When you have 30 days of medication remaining

# Best Doctors



(866) 904-0910

## Free expert second opinion:

- **In-Depth Expert Medical Review**
  - Access to expert second opinions and answers to medical questions from leading physicians in their fields
- **Critical Care Support**
  - Call on Best Doctors for guidance if you experience a medical event that requires emergency treatment, intensive care or an extended hospital stay
- **FindBestDoc**
  - Best Doctors will search for a specialist within a distance that works for you
- **Ask the Expert**
  - Best Doctors will provide a personalized response when you have a question about a medical condition

# Healthy Rewards\$

\$250 = 9 Points

• \$200 = 7 Points

• \$150 = 6 Points

• \$100 = 5 Points

**Wellness Incentive Program:** Earn up to \$250 by completing 9 health actions annually

Health Action List**	Points	✓
<b>Required: Personal Health Assessment</b> (online)	1	
<b>Required: Biometric results*</b> from your doctor (verification form) or MCSIG health check screening	1	
Cholesterol Ratio ( $\leq 4.5$ )	1	
Glucose ( $\leq 140$ non-fasting or $\leq 100$ fasting)	1	
Blood Pressure ( $\leq 130/80$ )	1	
Waist Circumference (Men $\leq 40$ " and Women $\leq 35$ " or attend an approved healthy weight or intuitive eating program)	1	
<b>Required: Behavior change campaign 5-10 weeks*</b> (2 campaigns are offered but only 1 is required)	1-2	
Tobacco/Vape free	1	
Community/Worksite Health Event (Big Sur Marathon, Salad Cooperative, Walking Club, etc.)	1-2	
Eat a plant-based diet (beans, fruits, vegetables, grains, & nuts) on most days	1	
Exercise log (30 minutes a day for 8 weeks)	1	
Preventive exam (annual physical, colonoscopy, mammogram, well-woman/man, calcium score, etc.)	1	
Influenza vaccination	1	
Wellness Ambassador at your worksite	1	
Volunteering in the community 12 hours minimum	1	
Teladoc – register and complete health history (registration carries over yearly for 1 point)	1	
Bi-weekly health challenge (complete 2 for one point)	1	
Quizeos (complete 2 for one point)	1	
Start a garden box (or continue) at your worksite or home. Upload a picture of your first crop.	1	
Chronic Condition Passports*** (Heart Disease, Diabetes, Neck & Back Disorders in Monterey County, Dietary, etc.)	1-2	
*Alternative standard available **Subject to change *** Only for those with a diagnosed chronic condition	TOTAL	23

## Eligibility

Employees,  
spouses and Early  
Retirees

## Registration

[wellsteps.com/mcsig](http://wellsteps.com/mcsig)

## MCSIG

## Wellness

## Department

(831) 755-0161

ext. 4263 Neil

# QUESTIONS?

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(831) 755-8055 / (800) 287-1442