Maximum Potential Annual Cost of Coverage: MCSIG PPO\$25 vs. MCSIG PPO Select + District HRA						
	<u>PPO\$25</u>		PPO Select		HRA~	
	<u>(Aka "Base Plan")</u>		(Previously, "EPO")		(District Funded Reimb. Acct)	
Costs for Medical Services						
Co-Payments (included in MOP Amount)	\$25/\$35		\$25/\$35		reimburseable	
Deductible (Included in MOP Amount)	\$650.00		\$1,000.00		reimbursable	
CoInsurance (Included in MOP Amount)	20%		20%		reimbursable	
MOP (Maximum Annual Out of Pocket) Cost:	(\$4,000.00)	(x1 individual)	(\$6,350.00)	(x 1 indivdual)	reimbursable	
SVMH, NATIVIDAD, CHOMP providers & facilities covered?	YES		EMERGENCY* ONLY		reimbursable	
Out of Network Provider Coverage ^ ?	YES		EMERGENCY* ONLY		reimbursable	
Employee Insurance Premium Paycheck Deduction:	Monthly	Annual	Monthly	Annual	Monthly Funding	Annual Funding
- v	J	Ammuu	Wilding	7 Killiuui	(Maximum)	(Maximum)
Employee (EE)	_	\$0.00	\$0.00	\$0.00	(Maximum) \$200.00	(<i>Maximum</i>) \$2,400.00
1 0	\$0.00 (\$56.80)	\$0.00 (\$681.60)	\$0.00 \$0.00	\$0.00 \$0.00		\$2,400.00 \$2,400.00
Employee (EE)	\$0.00	\$0.00	\$0.00	\$0.00	\$200.00	\$2,400.00
Employee (EE) EE+1	\$0.00 (\$56.80) (\$93.55)	\$0.00 (\$681.60)	\$0.00 \$0.00	\$0.00 \$0.00 \$0.00 1.0.P. Costs LESS Reimbursement	\$200.00 \$200.00	\$2,400.00 \$2,400.00 \$2,400.00 ference:
Employee (EE) EE+1 Family	\$0.00 (\$56.80) (\$93.55) Annualied PLUS Annu	\$0.00 (\$681.60) (\$1,122.60) Plan M.O.P. Costs alized EE Premium	\$0.00 \$0.00 \$0.00 Annualized Plan M Annualized HRA	\$0.00 \$0.00 \$0.00 1.0.P. Costs LESS Reimbursement	\$200.00 \$200.00 \$200.00	\$2,400.00 \$2,400.00 \$2,400.00 ference:
Employee (EE) EE+1 Family (MPAC) Maximum Potential Annualized Costs:	\$0.00 (\$56.80) (\$93.55) Annualied PLUS Annu (MOP x 1) (MOP x 2)	\$0.00 (\$681.60) (\$1,122.60) Plan M.O.P. Costs alized EE Premium Costs:	\$0.00 \$0.00 \$0.00 Annualized Plan M Annualized HRA EPO + HR	\$0.00 \$0.00 \$0.00 M.O.P. Costs LESS Reimbursement A Reimb. \$ (\$3,950.00) (\$10,300.00)	\$200.00 \$200.00 \$200.00 MPAC Dif PPO\$25 vs. EPO EE Only (MOP x 1) EE+1 (MOP x 2)	\$2,400.00 \$2,400.00 \$2,400.00 ference: + HRA Reimb \$ \$50.00 (\$1,618.40)
Employee (EE) EE+1 Family (MPAC) Maximum Potential Annualized Costs:	\$0.00 (\$56.80) (\$93.55) Annualied PLUS Annu	\$0.00 (\$681.60) (\$1,122.60) Plan M.O.P. Costs alized EE Premium Costs: (\$4,000.00)	\$0.00 \$0.00 \$0.00 Annualized Plan M Annualized HRA EPO + HR	\$0.00 \$0.00 \$0.00 1.O.P. Costs LESS Reimbursement A Reimb. \$ (\$3,950.00)	\$200.00 \$200.00 \$200.00 MPAC Dif PPO\$25 vs. EPO EE Only (MOP x 1)	\$2,400.00 \$2,400.00 \$2,400.00 ference: + HRA Reimb \$

^{*} Emergency if by ambulance transport, or advice of healthcare provider (ie., Teledoc, Nurseline, Primary Dr.)

Funds roll over from year to year;

Funds may be used to pay MediCare Supplemental insurance premiums after retirement;

Funds can be combined with EE deductions to Sect 125 (Sect 125 funds are subject to plan year "use-it-or-lose-it" restrictions)

² EE+1 variation of only 1 individual MOP applied

^{^ 3}K increase to M.O.P., up to \$7K total M.O.P.

[~] No time & service restrictions for HRA reimbursements (i.e: 2019 costs can be reimbursed from 2021 funds);