

HCCD ACTIVE EMPLOYEE INSURANCE

Based on **Jan 1, 2016 Premiums** [5.00% increase to 2014-15 Medical rates / No change to Dental Rates / No change to Vision rates]

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)	727.51	727.51	-	1,450.93	1,414.76	36.17	1,884.96	1,827.09	57.87
Delta Dental	57.00	57.00	-	107.00	104.50	2.50	184.00	177.65	6.35
VSP Vision	12.22	12.22	-	\$17.33	17.07	0.26	30.92	29.99	0.94
Accidental Death	6.60	6.60	-	6.60	6.60	-	6.60	6.60	-
Long Term Disability	13.91	13.91	-	13.91	13.91	-	13.91	13.91	-
TOTAL	817.24	817.24	-	1,595.77	1,556.84	\$ 38.93	2,120.39	2,055.23	\$ 65.16
	No out-of-pocket			out-of-pocket			out-of-pocket		

ALTERNATE PLANS AVAILABLE AT 90% & 80% COVERAGE (on allowed services)									
MCSIG PPO\$20 (90/10)									
PPO\$20	Employee Only			Employee + 1 Dependent			Full Family		
	Premium	District	Employee	Premium	District	Employee	Premium	District	Employee
PPO \$20 (90/10)	1,008.55	727.51	281.04	2,013.31	1,414.76	598.55	2,616.17	1,827.09	789.08
Delta Dental	57.00	57.00	-	107.00	104.50	2.50	184.00	177.65	6.35
VSP Vision	12.22	12.22	-	17.33	17.07	0.26	30.92	29.99	0.94
Accidental Death	6.60	6.60	-	6.60	6.60	-	6.60	6.60	-
Long Term Disability	13.91	13.91	-	13.91	13.91	-	13.91	13.91	-
TOTAL	1,098.28	817.24	281.04	2,158.15	1,556.84	601.31	2,851.60	2,055.23	796.37
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)	484.88	727.51	(242.63)	966.67	1,414.76	(448.09)	1,255.74	1,827.09	(571.35)
Delta Dental	57.00	57.00	-	107.00	104.50	2.50	184.00	177.65	6.35
VSP Vision	12.22	12.22	-	17.33	17.07	0.26	30.92	29.99	0.94
Accidental Death	6.60	6.60	-	6.60	6.60	-	6.60	6.60	-
Long Term Disability	13.91	13.91	-	13.91	13.91	-	13.91	13.91	-
TOTAL	574.61	817.24	(200.00)	1,111.51	1,556.84	(200.00)	1,491.17	2,055.23	(200.00)
EPOSC pays 80% on allowed services	Sect 125 District Contribution MAX \$200			Sect 125 District Contribution MAX \$200			Sect 125 District Contribution MAX \$200		

ALTERNATE PLANS AVAILABLE AT 70% COVERAGE (on allowed services):									
PPO \$ 30									
PPO \$30	Employee Only			Employee + 1 Dependent			Full Family		
	Premium	District	Employee	Premium	District	Employee	Premium	District	Employee
PPO \$30 (70/30)	691.14	727.51	(36.37)	1,378.38	1,414.76	(36.38)	1,790.71	1,827.09	(36.38)
Delta Dental	57.00	57.00	-	107.00	104.50	2.50	184.00	177.65	6.35
VSP Vision	12.22	12.22	-	17.33	17.07	0.26	30.92	29.99	0.94
Accidental Death	6.60	6.60	-	6.60	6.60	-	6.60	6.60	-
Long Term Disability	13.91	13.91	-	13.91	13.91	-	13.91	13.91	-
TOTAL	780.87	817.24	(36.37)	1,523.22	1,556.84	(33.62)	2,026.14	2,055.23	(29.09)
	Sect 125 District Contribution			Sect 125 District Contribution			Sect 125 District Contribution		

PPO \$35									
PPO \$35	Employee Only			Employee + 1 Dependent			Full Family		
	Premium	District	Employee	Premium	District	Employee	Premium	District	Employee
PPO \$35 (70/30)	672.95	727.51	(54.56)	1,342.11	1,414.76	(72.65)	1,743.59	1,827.09	(83.50)
Delta Dental	57.00	57.00	-	107.00	104.50	2.50	184.00	177.65	6.35
VSP Vision	12.22	12.22	-	17.33	17.07	0.26	30.92	29.99	0.94
Accidental Death	6.60	6.60	-	6.60	6.60	-	6.60	6.60	-
Long Term Disability	13.91	13.91	-	13.91	13.91	-	13.91	13.91	-
TOTAL	762.68	817.24	(54.56)	1,486.95	1,556.84	(69.89)	1,979.02	2,055.23	(76.21)
	Sect 125 District Contribution			Sect 125 District Contribution			Sect 125 District Contribution		

PPO \$40									
PPO \$40	Employee Only			Employee + 1 Dependent			Full Family		
	Premium	District	Employee	Premium	District	Employee	Premium	District	Employee
PPO \$40 (70/30)	654.76	727.51	(72.75)	1,305.84	1,414.76	(108.92)	1,696.46	1,827.09	(130.63)
Delta Dental	57.00	57.00	-	107.00	104.50	2.50	184.00	177.65	6.35
VSP Vision	12.22	12.22	-	17.33	17.07	0.26	30.92	29.99	0.94
Accidental Death	6.60	6.60	-	6.60	6.60	-	6.60	6.60	-
Long Term Disability	13.91	13.91	-	13.91	13.91	-	13.91	13.91	-
TOTAL	744.49	817.24	(72.75)	1,450.68	1,556.84	(106.16)	1,931.89	2,055.23	(123.34)
	Sect 125 District Contribution			Sect 125 District Contribution			Sect 125 District Contribution		

PPO \$50									
PPO \$50	Employee Only			Employee + 1 Dependent			Full Family		
	Premium	District	Employee	Premium	District	Employee	Premium	District	Employee
PPO \$50 (70/30)	614.40	727.51	(113.11)	1,225.34	1,414.76	(189.42)	1,591.89	1,827.09	(235.20)
Delta Dental	57.00	57.00	-	107.00	104.50	2.50	184.00	177.65	6.35
VSP Vision	12.22	12.22	-	17.33	17.07	0.26	30.92	29.99	0.94
Accidental Death	6.60	6.60	-	6.60	6.60	-	6.60	6.60	-
Long Term Disability	13.91	13.91	-	13.91	13.91	-	13.91	13.91	-
TOTAL	704.13	817.24	(113.11)	1,370.18	1,556.84	(186.66)	1,827.32	2,055.23	(200.00)
	Sect 125 District Contribution			Sect 125 District Contribution			Sect 125 District Contribution MAX \$200		

PPO \$60									
PPO \$60	Employee Only			Employee + 1 Dependent			Full Family		
	Premium	District	Employee	Premium	District	Employee	Premium	District	Employee
PPO \$60 (70/30) w/Int Deductible	551.46	727.51	(176.05)	1,099.80	1,414.76	(314.96)	1,428.80	1,827.09	(398.29)
Delta Dental	57.00	57.00	-	107.00	104.50	2.50	184.00	177.65	6.35
VSP Vision	12.22	12.22	-	17.33	17.07	0.26	30.92	29.99	0.94
Accidental Death	6.60	6.60	-	6.60	6.60	-	6.60	6.60	-
Long Term Disability	13.91	13.91	-	13.91	13.91	-	13.91	13.91	-
TOTAL	641.19	817.24	(176.05)	1,244.64	1,556.84	(200.00)	1,664.23	2,055.23	(200.00)
	Sect 125 District Contribution			Sect 125 District Contribution MAX \$200			Sect 125 District Contribution MAX \$200		

* Medical premiums include \$3.25 for Group Life Insurance Coverage

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

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

NOTE: KAISER COMING SOON - FOR EMPLOYEES LIVING OUTSIDE MONTEREY COUNTY: SPECIAL ELECTION TO BE HELD IN NEAR FUTURE