

HCCD ACTIVE EMPLOYEE INSURANCE

Based on **Jan 1, 2017 Premiums** [3.00% increase to 2016 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)	749.00	749.00	-	1,494.00	1,456.75	37.25	1,941.00	1,881.40	59.60
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	0.93
Accidental Death	6.60	6.60	-	6.60	6.60	-	6.60	6.60	-
Long Term Disability	15.02	15.02	-	15.02	15.02	-	15.02	15.02	-
TOTAL	839.84	839.84	-	1,639.95	1,599.94	\$ 40.01	2,177.54	2,110.66	\$ 66.88

No out-of-pocket

out-of-pocket

out-of-pocket

ALTERNATE PLANS AVAILABLE AT 90% & 80% COVERAGE (on allowed services)

PPO\$20	MCSIG PPO\$20 (90/10)								
	Employee Only			Employee + 1 Dependent			Full Family		
	Premium	District	Employee	Premium	District	Employee	Premium	District	Employee
PPO \$20 (90/10)	1,038.00	749.00	289.00	2,073.00	1,456.75	616.25	2,694.00	1,881.40	812.60
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	0.93
Accidental Death	6.60	6.60	-	6.60	6.60	-	6.60	6.60	-
Long Term Disability	15.02	15.02	-	15.02	15.02	-	15.02	15.02	-
TOTAL	1,128.84	839.84	289.00	2,218.95	1,599.94	619.01	2,930.54	2,110.66	819.88

PPO\$20 pays 90% on allowed services

out-of-pocket

out-of-pocket

EPO Southern California	EPO Southern California (80/20) Plan								
	Employee Only			Employee + 1 Dependent			Full Family		
	Premium	District	Employee	Premium	District	Employee	Premium	District	Employee
EPOSC [\$25] (80/20)	499.00	749.00	(250.00)	995.00	1,456.75	(461.75)	1,293.00	1,881.40	(588.40)
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	0.93
Accidental Death	6.60	6.60	-	6.60	6.60	-	6.60	6.60	-
Long Term Disability	15.02	15.02	-	15.02	15.02	-	15.02	15.02	-
TOTAL	589.84	839.84	(200.00)	1,140.95	1,599.94	(200.00)	1,529.54	2,110.66	(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)	711.00	749.00	(38.00)	1,419.00	1,456.75	(37.75)	1,844.00	1,881.40	(37.40)
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	0.93
Accidental Death	6.60	6.60	-	6.60	6.60	-	6.60	6.60	-
Long Term Disability	15.02	15.02	-	15.02	15.02	-	15.02	15.02	-
TOTAL	801.84	839.84	(38.00)	1,564.95	1,599.94	(34.99)	2,080.54	2,110.66	(30.12)

Sect 125 District Contribution

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PPO \$35	PPO \$35								
	Employee Only			Employee + 1 Dependent			Full Family		
	Premium	District	Employee	Premium	District	Employee	Premium	District	Employee
PPO \$35 (70/30)	693.00	749.00	(56.00)	1,382.00	1,456.75	(74.75)	1,795.00	1,881.40	(86.40)
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	0.93
Accidental Death	6.60	6.60	-	6.60	6.60	-	6.60	6.60	-
Long Term Disability	15.02	15.02	-	15.02	15.02	-	15.02	15.02	-
TOTAL	783.84	839.84	(56.00)	1,527.95	1,599.94	(71.99)	2,031.54	2,110.66	(79.12)

Sect 125 District Contribution

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PPO \$40	PPO \$40								
	Employee Only			Employee + 1 Dependent			Full Family		
	Premium	District	Employee	Premium	District	Employee	Premium	District	Employee
PPO \$40 (70/30)	674.00	749.00	(75.00)	1,345.00	1,456.75	(111.75)	1,747.00	1,881.40	(134.40)
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	0.93
Accidental Death	6.60	6.60	-	6.60	6.60	-	6.60	6.60	-
Long Term Disability	15.02	15.02	-	15.02	15.02	-	15.02	15.02	-
TOTAL	764.84	839.84	(75.00)	1,490.95	1,599.94	(108.99)	1,983.54	2,110.66	(127.12)

Sect 125 District Contribution

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PPO \$50	PPO \$50								
	Employee Only			Employee + 1 Dependent			Full Family		
	Premium	District	Employee	Premium	District	Employee	Premium	District	Employee
PPO \$50 (70/30)	632.00	749.00	(117.00)	1,262.00	1,456.75	(194.75)	1,639.00	1,881.40	(242.40)
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	0.93
Accidental Death	6.60	6.60	-	6.60	6.60	-	6.60	6.60	-
Long Term Disability	15.02	15.02	-	15.02	15.02	-	15.02	15.02	-
TOTAL	722.84	839.84	(117.00)	1,407.95	1,599.94	(191.99)	1,875.54	2,110.66	(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	568.00	749.00	(181.00)	1,132.00	1,456.75	(324.75)	1,471.00	1,881.40	(410.40)
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	0.93
Accidental Death	6.60	6.60	-	6.60	6.60	-	6.60	6.60	-
Long Term Disability	15.02	15.02	-	15.02	15.02	-	15.02	15.02	-
TOTAL	658.84	839.84	(181.00)	1,277.95	1,599.94	(200.00)	1,707.54	2,110.66	(200.00)

Sect 125 District Contribution

Sect 125 District Contribution MAX \$200

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* 2017 Medical premiums include \$3.00 for Group Life Insurance Coverage (rounded down from \$3.25, per MCSIG Board).
 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; amounts do not reflect individual pay cycle contributions (i.e., less than 12 month).
 LTD rate increase was effective 07/01/16