# HCCD ACTIVE EMPLOYEE INSURANCE

**Based on Jan 1, 2018 Premiums** [7.00% increase to 2017 rates for PPO$25 - PPO$60; 9% increase for PPO$20 & EPOSC / 5% decrease to 2017 Dental & 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 $25 (80/20) | 801.00 | 801.00 | - | 1,599.00 | 1,559.10 | 39.90 | 2,077.00 | 2,013.20 | 63.80 |
| Delta Dental | 54.00 | 54.00 | - | 102.00 | 99.60 | 2.40 | 175.00 | 168.95 | 6.05 |
| VSP Vision | 11.00 | 11.00 | - | 16.00 | 15.75 | 0.25 | 29.00 | 28.10 | 0.90 |
| Accidental Death | 6.60 | 6.60 | - | 6.60 | 6.60 | - | 6.60 | 6.60 | - |
| Long Term Disability | 15.02 | 15.02 | - | 15.02 | 15.02 | - | 15.02 | 15.02 | - |
| **TOTAL** | **887.62** | **887.62** | **-** | **1,738.62** | **1,696.07** | **$ 42.55** | **2,302.62** | **2,231.87** | **$ 70.75** |
| | | | **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) | 1,131.00 | 801.00 | 330.00 | 2,260.00 | 1,559.10 | 700.90 | 2,936.00 | 2,013.20 | 922.80 |
| 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 | 15.02 | 15.02 | - | 15.02 | 15.02 | - | 15.02 | 15.02 | - |
| **TOTAL** | **1,217.62** | **887.62** | **330.00** | **2,399.62** | **1,696.07** | **703.55** | **3,161.62** | **2,231.87** | **929.75** |
| **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) | 544.00 | 801.00 | (257.00) | 1,085.00 | 1,559.10 | (474.10) | 1,409.00 | 2,013.20 | (604.20) |
| 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 | 15.02 | 15.02 | - | 15.02 | 15.02 | - | 15.02 | 15.02 | - |
| **TOTAL** | **630.62** | **887.62** | ***(200.00)*** | **1,224.62** | **1,696.07** | ***(200.00)*** | **1,634.62** | **2,231.87** | ***(200.00)*** |
| **EPOSC pays 80% on allowed services** | | ***HRA District Contribution MAX $200*** | | | ***HRA District Contribution MAX $200*** | | | ***HRA District Contribution MAX $200*** | |

### COMPLETE CARE (Medical Expense* Reimbursement Plan)

| Complete Care *(requires alternate coverage enrollment )* | Employee Only | | | Employee + 1 Dependent | | | Full Family | | |
|---|---|---|---|---|---|---|---|---|---|
| | Premium | District | Employee | Premium | District | Employee | Premium | District | Employee |
| Complete Care (Reimbursement Plan) | 428.00 | 801.00 | (373.00) | 428.00 | 1,559.10 | (1,131.10) | 428.00 | 2,013.20 | (1,585.20) |
| 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 | 15.02 | 15.02 | - | 15.02 | 15.02 | - | 15.02 | 15.02 | - |
| **TOTAL** | **514.62** | **887.62** | ***(200.00)*** | **567.62** | **1,696.07** | ***(200.00)*** | **653.62** | **2,231.87** | ***(200.00)*** |
| *Out-of-pocket costs & Premium allowance | | ***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

| PPO $30 | Employee Only | | | Employee + 1 Dependent | | | Full Family | | |
|---|---|---|---|---|---|---|---|---|---|
| | Premium | District | Employee | Premium | District | Employee | Premium | District | Employee |
| PPO $30 (**70/30**) | 761.00 | 801.00 | (40.00) | 1,518.00 | 1,559.10 | (41.10) | 1,973.00 | 2,013.20 | (40.20) |
| 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 | 15.02 | 15.02 | - | 15.02 | 15.02 | - | 15.02 | 15.02 | - |
| **TOTAL** | **847.62** | **887.62** | ***(40.00)*** | **1,657.62** | **1,696.07** | ***(38.45)*** | **2,198.62** | **2,231.87** | ***(33.25)*** |
| | | ***HRA District Contribution*** | | | ***HRA District Contribution*** | | | ***HRA 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) | 742.00 | 801.00 | (59.00) | 1,479.00 | 1,559.10 | (80.10) | 1,921.00 | 2,013.20 | (92.20) |
| 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 | 15.02 | 15.02 | - | 15.02 | 15.02 | - | 15.02 | 15.02 | - |
| **TOTAL** | **828.62** | **887.62** | ***(59.00)*** | **1,618.62** | **1,696.07** | ***(77.45)*** | **2,146.62** | **2,231.87** | ***(85.25)*** |
| | | ***HRA District Contribution*** | | | ***HRA District Contribution*** | | | ***HRA 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) | 721.00 | 801.00 | (80.00) | 1,439.00 | 1,559.10 | (120.10) | 1,869.00 | 2,013.20 | (144.20) |
| 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 | 15.02 | 15.02 | - | 15.02 | 15.02 | - | 15.02 | 15.02 | - |
| **TOTAL** | **807.62** | **887.62** | ***(80.00)*** | **1,578.62** | **1,696.07** | ***(117.45)*** | **2,094.62** | **2,231.87** | ***(137.25)*** |
| | | ***HRA District Contribution*** | | | ***HRA District Contribution*** | | | ***HRA 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) | 676.00 | 801.00 | (125.00) | 1,350.00 | 1,559.10 | (209.10) | 1,754.00 | 2,013.20 | (259.20) |
| 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 | 15.02 | 15.02 | - | 15.02 | 15.02 | - | 15.02 | 15.02 | - |
| **TOTAL** | **762.62** | **887.62** | ***(125.00)*** | **1,489.62** | **1,696.07** | ***(200.00)*** | **1,979.62** | **2,231.87** | ***(200.00)*** |
| | | ***HRA District Contribution*** | | | ***HRA District MAX Contribution*** | | | ***HRA 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 | 608.00 | 801.00 | (193.00) | 1,211.00 | 1,559.10 | (348.10) | 1,574.00 | 2,013.20 | (439.20) |
| 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 | 15.02 | 15.02 | - | 15.02 | 15.02 | - | 15.02 | 15.02 | - |
| **TOTAL** | **694.62** | **887.62** | ***(193.00)*** | **1,350.62** | **1,696.07** | ***(200.00)*** | **1,799.62** | **2,231.87** | ***(200.00)*** |
| | | ***HRA District Contribution*** | | | ***HRA District Contribution MAX $200*** | | | ***HRA District Contribution MAX $200*** | |

* *2018 Medical premiums include $3.00 for Group Life Insurance Coverage (rounded down from $3.25, per MCSIG Board).*
*Employees may 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).*