

HCCD ACTIVE EMPLOYEE INSURANCE

Based on Jan 1, 2019 Premiums [6.200% increase to 2018 rates for EPO & PPO Plans / No increase 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)	851.00	851.00	-	1,698.00	1,655.65	42.35	2,206.00	2,138.25	67.75
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	8.89	8.89	-	8.89	8.89	-	8.89	8.89	-
TOTAL	931.49	931.49	-	1,831.49	1,786.49	\$ 45.00	2,425.49	2,350.79	\$ 74.70
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)	1,201.00	851.00	350.00	2,400.00	1,655.65	744.35	3,118.00	2,138.25	979.75
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 ¹	8.89	8.89	-	8.89	8.89	-	8.89	8.89	-
TOTAL	1,281.49	931.49	350.00	2,533.49	1,786.49	747.00	3,337.49	2,350.79	986.70
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)	578.00	851.00	(273.00)	1,152.00	1,655.65	(503.65)	1,496.00	2,138.25	(642.25)
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	8.89	8.89	-	8.89	8.89	-	8.89	8.89	-
TOTAL	658.49	931.49	(200.00)	1,285.49	1,786.49	(200.00)	1,715.49	2,350.79	(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	851.00	(423.00)	428.00	1,655.65	(1,227.65)	428.00	2,138.25	(1,710.25)
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	8.89	8.89	-	8.89	8.89	-	8.89	8.89	-
TOTAL	508.49	931.49	(200.00)	561.49	1,786.49	(200.00)	647.49	2,350.79	(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)	808.00	851.00	(43.00)	1,612.00	1,655.65	(43.65)	2,095.00	2,138.25	(43.25)
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	8.89	8.89	-	8.89	8.89	-	8.89	8.89	-
TOTAL	888.49	931.49	(43.00)	1,745.49	1,786.49	(41.00)	2,314.49	2,350.79	(36.30)
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)	788.00	851.00	(63.00)	1,571.00	1,655.65	(84.65)	2,040.00	2,138.25	(98.25)
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	8.89	8.89	-	8.89	8.89	-	8.89	8.89	-
TOTAL	868.49	931.49	(63.00)	1,704.49	1,786.49	(82.00)	2,259.49	2,350.79	(91.30)
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)	766.00	851.00	(85.00)	1,528.00	1,655.65	(127.65)	1,985.00	2,138.25	(153.25)
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	8.89	8.89	-	8.89	8.89	-	8.89	8.89	-
TOTAL	846.49	931.49	(85.00)	1,661.49	1,786.49	(125.00)	2,204.49	2,350.79	(146.30)
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)	718.00	851.00	(133.00)	1,434.00	1,655.65	(221.65)	1,863.00	2,138.25	(275.25)
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	8.89	8.89	-	8.89	8.89	-	8.89	8.89	-
TOTAL	798.49	931.49	(133.00)	1,567.49	1,786.49	(200.00)	2,082.49	2,350.79	(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	646.00	851.00	(205.00)	1,286.00	1,655.65	(369.65)	1,672.00	2,138.25	(466.25)
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	8.89	8.89	-	8.89	8.89	-	8.89	8.89	-
TOTAL	726.49	931.49	(205.00)	1,419.49	1,786.49	(200.00)	1,891.49	2,350.79	(200.00)
HRA District Contribution			HRA District Contribution MAX \$200			HRA District Contribution MAX \$200			

* 2019 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).

¹ Long-Term Disability Rate effective 12/01/18