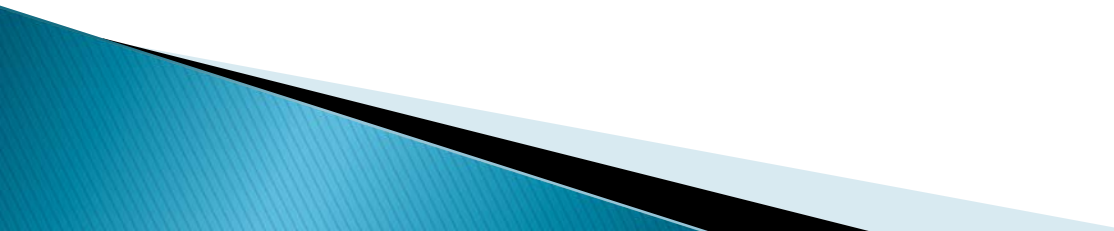


HEALTH BENEFITS AT HARTNELL COLLEGE

2011-12



All employees are treated the same:

- ▶ 1. District chooses its base plan(s).
 - ▶ 2. District pays 100% of the base plan's cost for insuring employees.
 - ▶ 3. District pays 95% of the base plan's cost for insuring the employees' dependents.
 - ▶ 4. Employee pays the remaining 5% of the base plan's cost for insuring his or her dependents.
- 

The Base Plans for 2010-2011* are MCSIG Option III and PERSChoice

- ▶ MCSIG Option III is a high-quality 80/20 plan that includes medical, dental, and vision coverage. PERSChoice is a high-quality 80/20 medical plan, to which the District supplements dental and vision.
- ▶ The District's contribution is based on the above 80/20 plans, but each employee may choose to "buy up" (or down) to a different plan.
- ▶ The District's contribution is the same for each employee.
- The MCSIG plan year runs July-June; CalPERS plans run on a calendar year.

District MCSIG Contribution Formula

Employee Only (100%) (monthly 2011/12)

	Premium	District	Employee Responsibility
Medical	493.70	493.70	0
Dental	51.58	51.58	0
Vision	12.22	12.22	0
ADD (Accident)	6.60	6.60	0
LTD (Disability)	13.91	13.91	0
TOTAL	578.01	578.01	0

District MCSIG Contribution Formula

Employee + 1 (100%; 95%)
(monthly 2011/12)

	Premium	District	Employee
Medical	987.41	962.72	24.69
Dental	97.21	94.93	2.28
Vision	17.33	17.07	0.26
ADD (Accident)	6.60	6.60	0
LTD (Disability)	13.91	13.91	0
TOTAL	1,122.46	1,095.24	27.23

District MCSIG Contribution Formula

Full Family (100%; 95%)
(monthly 2011/12)

	Premium	District	Employee
Medical	1,283.63	1,244.13	39.50
Dental	167.42	161.63	5.79
Vision	30.92	29.99	0.93
ADD (Accident)	6.60	6.60	–
LTD (Disability)	13.91	13.91	–
TOTAL	1,502.48	1,456.26	46.22

District CalPERS Contribution Formula

Employee Only (100%) (monthly 2011)

	Premium	District	Employee
Medical	548.78	548.78	0
Dental	67.77	67.77	0
Vision	13.85	13.85	0
ADD (Accident)	6.60	6.60	0
LTD (Disability)	13.91	13.91	0
CalPERS Admin Fee	2.03	2.03	0
TOTAL	652.94	652.94	0

District CalPERS Contribution Formula

Employee + 1 (100%; 95%)
(monthly - 2011)

	Premium	District	Employee
Medical	1,097.56	1,070.12	27.44
Dental	122.73	119.98	2.75
Vision	21.51	21.13	0.38
ADD (Accident)	6.60	6.60	0
LTD (Disability)	13.91	13.91	0
CalPERS Admin Fee	4.06	3.96	0.10
TOTAL	1,266.37	1,235.70	30.67

District CalPERS Contribution Formula

Full Family (100%; 95%)
(monthly - 2011)

	Premium	District	Employee
Medical	1,426.83	1,382.93	43.90
Dental	180.30	174.67	5.63
Vision	34.12	33.11	1.01
ADD (Accident)	6.60	6.60	0
LTD (Disability)	13.91	13.91	0
CalPERS Admin Fee	5.28	5.12	0.16
TOTAL	1,667.04	1,616.34	50.70

District Base Plan Contributions

▶ **MCSIG 2011-2012**

	Monthly	Annual
Employee Only	578.01	6,936.12
Employee + 1	1,095.24	13,142.88
Full Family	1,456.26	17,475.12

▶ **CALPERS 2011**

	Monthly	Annual
Employee Only	652.94	7,835.28
Employee + 1	1,235.70	14,828.40
Full Family	1,616.34	19,396.08

Employee Responsibility for Health Care Cost

▶ **MCSIG Option III**

	Monthly	Annual
Employee Only	0	0
Employee + 1	27.22	332.76
Full Family	46.22	564.24

▶ **PERSChoice**

	Monthly	Annual
Employee Only	0	0
Employee + 1	30.67	368.04
Full Family	50.70	608.40

Hartnell College Comprehensive Health Benefit Contribution

MCSIG 2011-12 year plan

100% District Employee Contribution

95% District Dependent Contribution

Base Plan MCSIG III	Contribution Formula Calculation								
	Employee Only			Employee + 1 Dependent			Full Family		
	Premium	District	Employee	Premium	District	Employee	Premium	District	Employee
Medical	493.70	493.70	-	987.41	962.72	24.69	1,283.63	1,244.13	39.50
Dental B w/ Ortho	51.58	51.58	-	97.21	94.93	2.28	167.42	161.63	5.79
Vision B (12/12/24)	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	\$ 578.01	\$ 578.01	-	\$ 1,122.46	\$ 1,095.23	\$ 27.23	\$ 1,502.48	\$ 1,456.26	\$ 46.23

District Base Contribution Limits (from above)	
Employee Only	\$ 578.01
Employee + 1 Dependent	\$ 1,095.24
Full Family	\$ 1,456.26

Other MCSIG Plans (inc. Vision, Dental, etc)	Contribution Formula Calculation								
	Employee Only			Employee + 1 Dependent			Full Family		
	Premium	District	Employee	Premium	District	Employee	Premium	District	Employee
MCSIG I	\$ 881.68	\$ 578.01	\$ 303.67	\$ 1,729.81	\$ 1,095.24	\$ 634.57	\$ 2,292.04	\$ 1,456.26	\$ 835.78
MCSIG EPO	\$ 524.60	\$ 578.01	\$ (53.41)	\$ 1,015.63	\$ 1,095.24	\$ (79.61)	\$ 1,363.60	\$ 1,456.26	\$ (92.66)