

# HCCD ACTIVE EMPLOYEE INSURANCE

Based on Jan 1, 2023 Premiums

[^ Medical Plan Rate Increase to 2023 rates; Dental and Vision rates remain the same]

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) [^7.47%]	1,170.00	1,170.00	-	2,334.00	2,275.80	58.20	3,032.00	2,938.90	93.10
Delta Dental (Medium Plan + Ortho)	54.00	54.00	-	102.00	99.60	2.40	175.00	168.95	6.05
VSP Vision Plan B	11.00	11.00	-	16.00	15.75	0.25	29.00	28.10	0.90
Hartford Accidental Death	6.60	6.60	-	6.60	6.60	-	6.60	6.60	-
Long Term Disability <sup>1</sup>	8.89	8.89	-	8.89	8.89	-	8.89	8.89	-
<b>TOTAL</b>	<b>1,250.49</b>	<b>1,250.49</b>	<b>-</b>	<b>2,467.49</b>	<b>2,406.64</b>	<b>\$ 60.85</b>	<b>3,251.49</b>	<b>3,151.44</b>	<b>\$ 100.05</b>
	No out-of-pocket			out-of-pocket			out-of-pocket		

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

PPO Select (80/20) Plan (Restricts Non-Emergency Care at SVMH, CHOMP & Natividad Facilities)									
PPO SELECT (formerly "EPO")	Employee Only			Employee + 1 Dependent			Full Family		
	Premium	District	Employee	Premium	District	Employee	Premium	District	Employee
EPOSC [\$25] (80/20)	707.00	1,089.00	(382.00)	1,408.00	2,117.85	(709.85)	1,829.00	2,734.40	(905.40)
Delta Dental (Medium Plan + Ortho)	54.00	54.00	-	102.00	99.60	2.40	175.00	168.95	6.05
VSP Vision Plan B	11.00	11.00	-	16.00	15.75	0.25	29.00	28.10	0.90
Hartford 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	-
<b>TOTAL</b>	<b>787.49</b>	<b>1,169.49</b>	<b>(200.00)</b>	<b>1,541.49</b>	<b>2,248.69</b>	<b>(200.00)</b>	<b>2,048.49</b>	<b>2,946.94</b>	<b>(200.00)</b>
PPO Select pays 80% on allowed services HRA District Contribution MAX \$200 HRA District Contribution MAX \$200 HRA District Contribution MAX \$200									

## MEDICAL EXPENSE REIMBURSEMENT PLAN:

COMPLETE CARE (Medical Expense Reimbursement Plan)									
Complete Care (requires coverage in non-MCSIG medical plan) <sup>2</sup>	Employee Only			Employee + 1 Dependent			Full Family		
	Premium	District	Employee	Premium	District	Employee	Premium	District	Employee
Complete Care (Reimbursement Plan) <sup>2</sup>	757.00	1,170.00	(413.00)	757.00	2,275.80	(1,518.80)	757.00	2,938.90	(2,181.90)
Delta Dental (Medium Plan + Ortho)	54.00	54.00	-	102.00	99.60	2.40	175.00	168.95	6.05
VSP Vision Plan B	11.00	11.00	-	16.00	15.75	0.25	29.00	28.10	0.90
Hartford 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	-
<b>TOTAL</b>	<b>837.49</b>	<b>1,250.49</b>	<b>(200.00)</b>	<b>890.49</b>	<b>2,406.64</b>	<b>(200.00)</b>	<b>976.49</b>	<b>3,151.44</b>	<b>(200.00)</b>
HRA District Contribution MAX \$200 HRA District Contribution MAX \$200 HRA District Contribution MAX \$200									

## 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) [^7.47%]	1,062.00	1,170.00	(108.00)	2,118.00	2,275.80	(157.80)	2,752.00	2,938.90	(186.90)
Delta Dental (Medium Plan + Ortho)	54.00	54.00	-	102.00	99.60	2.40	175.00	168.95	6.05
VSP Vision Plan B	11.00	11.00	-	16.00	15.75	0.25	29.00	28.10	0.90
Hartford 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	-
<b>TOTAL</b>	<b>1,142.49</b>	<b>1,250.49</b>	<b>(108.00)</b>	<b>2,251.49</b>	<b>2,406.64</b>	<b>(155.15)</b>	<b>2,971.49</b>	<b>3,151.44</b>	<b>(179.95)</b>
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) [^7.47%]	1,006.00	1,170.00	(164.00)	2,008.00	2,275.80	(267.80)	2,607.00	2,938.90	(331.90)
Delta Dental (Medium Plan + Ortho)	54.00	54.00	-	102.00	99.60	2.40	175.00	168.95	6.05
VSP Vision Plan B	11.00	11.00	-	16.00	15.75	0.25	29.00	28.10	0.90
Hartford 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	-
<b>TOTAL</b>	<b>1,086.49</b>	<b>1,250.49</b>	<b>(164.00)</b>	<b>2,141.49</b>	<b>2,406.64</b>	<b>(200.00)</b>	<b>2,826.49</b>	<b>3,151.44</b>	<b>(200.00)</b>
HRA District Contribution HRA District MAX Contribution HRA District MAX 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) [^7.47%]	943.00	1,170.00	(227.00)	1,885.00	2,275.80	(390.80)	2,448.00	2,938.90	(490.90)
Delta Dental (Medium Plan + Ortho)	54.00	54.00	-	102.00	99.60	2.40	175.00	168.95	6.05
VSP Vision Plan B	11.00	11.00	-	16.00	15.75	0.25	29.00	28.10	0.90
Hartford 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	-
<b>TOTAL</b>	<b>1,023.49</b>	<b>1,250.49</b>	<b>(200.00)</b>	<b>2,018.49</b>	<b>2,406.64</b>	<b>(200.00)</b>	<b>2,667.49</b>	<b>3,151.44</b>	<b>(200.00)</b>
HRA District MAX Contribution \$200 HRA District MAX Contribution \$200 HRA District Contribution MAX \$200									

PPO \$60									
PPO \$60 (HDHP/1st dollar to deductible)	Employee Only			Employee + 1 Dependent			Full Family		
	Premium	District	Employee	Premium	District	Employee	Premium	District	Employee
PPO \$60 (70/30) [^7.47%]	850.00	1,170.00	(320.00)	1,689.00	2,275.80	(586.80)	2,196.00	2,938.90	(742.90)
Delta Dental (Medium Plan + Ortho)	54.00	54.00	-	102.00	99.60	2.40	175.00	168.95	6.05
VSP Vision Plan B	11.00	11.00	-	16.00	15.75	0.25	29.00	28.10	0.90
Hartford 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	-
<b>TOTAL</b>	<b>930.49</b>	<b>1,250.49</b>	<b>(200.00)</b>	<b>1,822.49</b>	<b>2,406.64</b>	<b>(200.00)</b>	<b>2,415.49</b>	<b>3,151.44</b>	<b>(200.00)</b>
HRA District MAX Contribution \$200 HRA District Contribution MAX \$200 HRA District Contribution MAX \$200									

\* Eff. 2020: Medical premiums include \$3.00 for \$25K MetLife Life Insurance Coverage (rounded down from \$3.25, per MCSIG Board)

<sup>1</sup> MetLife Long-Term Disability Rate effective 12/01/18

<sup>2</sup> 2023: New rate at \$457.00 + possible \$300 max Premium Reimbursement costs included

Note: Above amounts are based on MCSIG's 12-monthly premium schedule and do not reflect individual pay cycle contributions (i.e., less than 12 month). Employees may elect to move to another plan during the November open enrollment period, for a January 1 effective date.