

The background features a light green gradient with abstract, overlapping geometric shapes in various shades of green, primarily on the right side.

# **HEALTH BENEFITS AT HARTNELL COLLEGE 2020**

# **All full-time employees are treated the same:**

- ▶ 1. District chooses its base plan.
- ▶ 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 employees' eligible dependents.
- ▶ 4. Employee pays the remaining 5% of the base plan's cost for insuring his or her dependents.

## **Base Plan: 2020 MCSIG PPO \$25**

- ▶ MCSIG PPO \$25 is a high-quality 80/20 plan that includes medical, dental, and vision coverage. The plan also includes a behavioral health and employee assistance component, prescription medicine plan, surgical health benefit, hearing aid plan, a TelaDoc feature, and more.
- ▶ The District's contribution is based on the Base Plan, but each employee may choose a different plan.
- ▶ If an employee chooses a lower-cost plan, the District will contribute the difference into the employee's Health Reimbursement Account (HRA), up to a monthly maximum of \$200.

## District Base Plan Contribution Formula

	Premium	District	Employee Responsibility
Medical	954.00	954.00	0
Dental	54.00	54.00	0
Vision	11.00	11.00	0
ADD (Accident)	6.60	6.60	0
LTD (Disability)	8.89	8.89	0
<b>TOTAL</b>	<b>1034.49</b>	<b>1034.49</b>	<b>0</b>

# District Base Plan Contribution Formula

## Employee + 1 (100%; 95%)

(monthly)

	Premium	District	Employee
Medical	1,904.00	1,856.50	47.50
Dental	102.00	99.60	2.40
Vision	16.00	15.75	0.25
ADD (Accident)	6.60	6.60	0
LTD (Disability)	8.89	8.89	0
<b>TOTAL</b>	<b>2,037.49</b>	<b>1,987.34</b>	<b>50.15</b>

# District Base Plan Contribution Formula

## Full Family (100%; 95%)

(monthly)

	Premium	District	Employee
Medical	2,473.00	2,397.05	75.95
Dental	175.00	168.95	6.05
Vision	29.00	28.10	0.90
ADD (Accident)	6.60	6.60	-
LTD (Disability)	8.89	8.89	-
<b>TOTAL</b>	<b>2,692.49</b>	<b>2,609.59</b>	<b>82.90</b>

# Base Plan Contributions Summary

## ► District Contributions for Base Plan 2020

	Monthly	Annual
Employee Only	1034.49	12,413.88
Employee + 1	1987.34	23,848.08
Full Family	2609.59	31,315.08

## ► Employee Contributions for Base Plan

	Monthly	Annual
Employee Only	0	0
Employee + 1	50.15	601.80
Full Family	82.90	994.80

## Hartnell College Comprehensive Health Benefit

### Monthly Costs and Contributions\* for 2020

	Employee Only			Employee + 1 Dependent			Full Family		
	Premium	District	Employee	Premium	District	Employee	Premium	District	Employee
Base Plan (PPO \$25) (80/20)	\$ 1,034.49	\$ 1,034.49	\$ -	\$ 2,037.49	\$ 1,987.34	\$ 50.15	\$ 2,692.49	\$ 2,609.59	\$ 82.90
PPO \$20 (90/10)	\$ 1,545.49	\$ 1,034.49	\$ 511.00	\$ 3,060.49	\$ 1,987.34	\$ 1,073.15	\$ 4,021.49	\$ 2,609.59	\$ 1,411.90
PPO \$30 (70/30)	\$ 946.49	\$ 1,034.49	\$ (88.00)	\$ 1,861.49	\$ 1,987.34	\$ (125.85)	\$ 2,464.49	\$ 2,609.59	\$ (145.10)
PPO \$35 (70/30)	\$ 964.49	\$ 1,034.49	\$ (70.00)	\$ 1,894.49	\$ 1,987.34	\$ (92.85)	\$ 2,506.49	\$ 2,609.59	\$ (103.10)
PPO \$40 (70/30)	\$ 901.49	\$ 1,034.49	\$ (133.00)	\$ 1,771.49	\$ 1,987.34	\$ (200.00)	\$ 2,346.49	\$ 2,609.59	\$ (200.00)
PPO \$50 (70/30)	\$ 850.49	\$ 1,034.49	\$ (184.00)	\$ 1,670.49	\$ 1,987.34	\$ (200.00)	\$ 2,216.49	\$ 2,609.59	\$ (200.00)
PPO \$60 (70/30)	\$ 773.49	\$ 1,034.49	\$ (200.00)	\$ 1,511.49	\$ 1,987.34	\$ (200.00)	\$ 1,822.49	\$ 2,609.59	\$ (200.00)
EPO (80/20)	\$ 700.49	\$ 1,034.49	\$ (200.00)	\$ 1,368.49	\$ 1,987.34	\$ (200.00)	\$ 1,822.49	\$ 2,609.59	\$ (200.00)
CompleteCare	\$ 808.49	\$ 1,034.49	\$ (200.00)	\$ 861.49	\$ 1,987.34	\$ (200.00)	\$ 947.49	\$ 2,609.59	\$ (200.00)

\* These plan costs include each plan's medical premiums, as well as dental (medium plan with orthodontia) and vision (plan B) for employees and dependents, and life, accidental death, and long-term disability coverage for employees only