

HCCD ACTIVE EMPLOYEE INSURANCE

BASE Plan: PPO \$25									
Base Plan: PPO \$25 Monthly Amount	Employee Only			Employee + 1 Dependent			Full Family		
1	8.89	8.89	-	8.89	8.89	-	8.89	8.89	-
TOTAL	1,169.49	1,169.49	-	2,305.49	2,248.69	\$ 56.80	3,040.49	2,946.94	\$ 93.55
	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) ^5.58%	707.00	1,089.00	(382.00)	1,408.00	2,117.85	(709.85)	1,829.00	2,734.40	(905.40)
	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 D(ntl)0i51,8.007 Tc 0.007 Tw 8.559 -0 Td2(^)T1i9672.7 -0.007 -									
TOTAL						(200.00)	2,048.49	2,946.94	(200.00)
PPO Select pays 80% on allowed servi	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)									
	Employee Only			Employee + 1 Dependent			Full Family		
	Premium	District	Employee	Premium	District	Employee	Premium	District	Employee
Complete Care (Reimbursement Pfan)	728.00	1,089.00	(361.00)	728.00	2,117.85	(1,389.85)	728.00	2,734.40	(2,006.40)
	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	-
TOTAL	808.49	1,169.49	(200.00)	861.49	2,248.69	(200.00)	947.49	2,946.94	(200.00)
	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) ^5.58%	988.00	1,089.00	(101.00)	1,971.00	2,117.85	(146.85)	2,561.00	2,734.40	(173.40)
	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	-
	1,068.49	1,169.49	(101.00)	2,104.49	2,248.69	(144.20)	2,780.49	2,946.94	(166.45)
	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) ^5.58%	936.00	1,089.00	(153.00)	1,869.00	2,117.85	(248.85)	2,426.00	2,734.40	(308.40)
	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	-
	1,016.49	1,169.49	(153.00)	2,002.49	2,248.69	(200.00)	2,645.49	2,946.94	(200.00)
	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) ^5.58%	878.00	1,089.00	(211.00)	1,754.00	2,117.85	(363.85)	2,278.00	2,734.40	(456.40)
	54.00	54.00	-	102.00	99.60	2.40	175.00	168.95	6.05
	958.49	1,169.49	(200.00)	1,887.49	2,248.69	(200.00)	2,497.49	2,946.94	(200.00)
	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) ^5.58%	791.00	1,089.00	(298.00)	1,572.00	2,117.85	(545.85)	2,044.00	2,734.40	(690.40)
	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	-
	871.49	1,169.49	(200.00)	1,705.49	2,248.69	(200.00)	2,263.49	2,946.94	(200.00)
	HRA District 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)

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

² 2022: Remains at \$428.00 + possible \$300 max Premium Reimbursement costs included

Note: