

HCCD ACTIVE EMPLOYEE INSURANCE

Based on Jan 1, 2024 Premiums [^ Medical Plan Rate Increase to 2024 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) [^13.3%]	1,326.00	1,326.00	-	2,645.00	2,579.05	65.95	3,435.00	3,329.55	105.45
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	-
TOTAL	1,406.49	1,406.49	-	2,778.49	2,709.89	\$ 68.60	3,654.49	3,542.09	\$ 112.40

No out-of-pocket

out-of-pocket

out-of-pocket

PPO SELECT Plan									
PPO Select (80/20) Plan (Restricts Non-Emergency Care at SVMH, CHOMP & Natividad Facilities)									
PPO SELECT (no out-network coverage)	Employee Only			Employee + 1 Dependent			Full Family		
	Premium	District	Employee	Premium	District	Employee	Premium	District	Employee
PPO Select [\$25] (80/20) [^2.8%]	727.00	1,326.00	(599.00)	1,447.00	2,579.05	(1,132.05)	1,880.00	3,329.55	(1,449.55)
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	-
TOTAL	807.49	1,406.49	(200.00)	1,580.49	2,709.89	(200.00)	2,099.49	3,542.09	(200.00)

HRA District Contribution MAX \$200

HRA District Contribution MAX \$200

HRA District Contribution MAX \$200

COMPLETE CARE Plan (medical expense reimbursement plan)									
COMPLETE CARE (Medical Expense Reimbursement Plan)									
Complete Care (requires coverage in non-MCSIG medical plan)	Employee Only			Employee + 1 Dependent			Full Family		
	Premium	District	Employee	Premium	District	Employee	Premium	District	Employee
Complete Care (Reimbursement Plan) ²	757.00	1,326.00	(569.00)	757.00	2,579.05	(1,822.05)	757.00	3,329.55	(2,572.55)
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	-
TOTAL	837.49	1,406.49	(200.00)	890.49	2,709.89	(200.00)	976.49	3,542.09	(200.00)

*Out-of-pocket costs & Premium allowance

HRA District Contribution MAX \$200

HRA District Contribution MAX \$200

HRA District Contribution MAX \$200

Trio HMO Plan									
TRIO HMO Plan (NEW)									
TRIO HMO (no out-network coverage)	Employee Only			Employee + 1 Dependent			Full Family		
	Premium	District	Employee	Premium	District	Employee	Premium	District	Employee
TRIO HMO	1,002.00	1,326.00	(324.00)	2,156.00	2,579.05	(423.05)	2,663.00	3,329.55	(666.55)
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	1,082.49	1,406.49	(200.00)	2,289.49	2,709.89	(200.00)	2,882.49	3,542.09	(200.00)

HRA District MAX Contribution \$200

HRA District MAX Contribution \$200

HRA District MAX Contribution \$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 2024: 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.