

MANAGEMENT EMPLOYEES

Benefit dollars are included in salary (total compensation)

Plan Year: July 1, 2020 through June 30, 2021

Employees have the option to waive out of health benefits.

INSURANCE CARRIER – TRI-COUNTY SCHOOLS INSURANCE GROUP (TCSIG)

www.tcsig.org

Medical Provider Network: Blue Cross www.bluecrossca.com
 Dental Provider: Delta Dental www.deltadentalca.org
 Vision Provider: Vision Service Plan www.vsp.com
 Life Insurance Provider: Sun Life www.sunlife-usa.com

Medical Plan Options (employees may choose any one of the following medical plans)	Premium for Family Coverage
PREMIER PLUS: Deductible: \$75 individual; \$150 family PPO Plan Coinsurance: 80/20 Prescriptions: \$5 Generic; 90 Day (Mail Order or Retail) \$10 Preferred Brand: 25% to max of \$35; 90 Day (Mail Order or Retail) \$50 Non-Preferred Brand: 45% to max of \$70; 90 Day (Mail Order or Retail) \$90	Emp Only: \$991.72 per month Emp+1: \$1,981.72 per month Emp+2: \$2,674.72 per month
PREMIER: Deductible: \$500 individual; \$1,000 family PPO Plan Coinsurance: 90/10 Prescriptions: \$5 Generic; 90 Day (Mail Order or Retail) \$10 Preferred Brand: 25% to max of \$35; 90 Day (Mail Order or Retail) \$50 Non-Preferred Brand: 45% to max of \$70; 90 Day (Mail Order or Retail) \$90	Emp Only: \$840.72 per month Emp+1: \$1,679.72 per month Emp+2: \$2,266.72 per month
STANDARD: Deductible: \$750 individual; \$1,500 family PPO Plan Coinsurance: 80/20 Prescriptions: \$5 Generic; 90 Day (Mail Order or Retail) \$10 Preferred Brand: 25% to max of \$35; 90 Day (Mail Order or Retail) \$50 Non-Preferred Brand: 45% to max of \$70; 90 Day (Mail Order or Retail) \$90	Emp Only: \$700.72 per month Emp+1: \$1,399.72 per month Emp+2: \$1,888.72 per month
BASIC: Deductible: \$1,000 individual; \$2,000 family PPO Plan Coinsurance: 70/30 Prescriptions: \$5 Generic; 90 Day (Mail Order or Retail) \$10 Preferred Brand: 25% to max of \$35; 90 Day (Mail Order or Retail) \$50 Non-Preferred Brand: 45% to max of \$70; 90 Day (Mail Order or Retail) \$90	Emp Only: \$603.72 per month Emp+1: \$1,205.72 per month Emp+2: \$1,626.72 per month
CDHP Health Plan Deductible: \$1,500 individual; \$3,000 family Coinsurance: 50/50 Prescriptions: Subject to Deductible and Coinsurance	Emp Only: \$472.72 per month Emp+1: \$853.72 per month Emp+2: \$1,151.72 per month
HMO – Kaiser “High”: No Deductible; \$10 Co-Pay Prescriptions: \$5 Generic; or up to a 100 Day through Mail Order Preferred Brand: \$15 or up to a 100 Day through Mail Order Specialty Brand: \$15 or up to a 30 Day supply	Emp Only: \$823.33 per month Emp+1: \$1,644.91 per month Emp+2: \$2,326.52 per month
HMO – Kaiser “Low” No Deductible; \$20 Co-Pay Prescriptions: \$10 Generic; or up to a 100 Day through Mail Order Preferred Brand: \$35 or up to a 100 Day through Mail Order Specialty Brand: \$35 or up to a 30 Day supply	Emp Only: \$773.63 per month Emp+1: \$1,545.51 per month Emp+2: \$2,186.55 per month
WAIVE OUT OPTION	\$306.00 per month

Dental Plan Dental Provider: Delta Dental www.deltadentalca.org	Premium For Family Coverage
Delta Dental – Incentive Plan: Unlimited annual maximum; (adult and child) Unlimited annual maximum ortho coverage (adult and child)	Emp Only: \$84 per month Emp+1: \$151 per month Emp+2: \$210 per month
Vision Plan Vision Provider: Vision Service Plan www.vsp.com	Premium For Family Coverage
Vision Service Plan – Plan B: \$10 Deductible	Emp Only: \$12 per month Emp+1: \$20 per month Emp+2: \$35 per month
Life Insurance Plans	Premium For Family Coverage
TCSIG: \$10,000 plan coverage	Included w/medical premium
SunLife: \$40,000 Term Life Insurance Plan w/option to buy up www.sunlife-usa.com	Employer Paid

Note: Eligible employees have the option to choose a medical plan that best suits their needs; however, all eligible employees receive the same dental, vision, and life insurance plans. However, employees may choose to waive out of all coverages (medical, dental, vision, and life), or waive out of just dental and/or vision.