

**CLASSIFIED, CLASSIFIED MANAGEMENT AND CONFIDENTIAL EMPLOYEES**

**Monthly Benefit Caps: \$1,014.55 (11 Month Employee)**

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

Those working less than full-time receive a pro-ration of the cap. Employees have the option to waive out of health benefits.

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

[www.tcsig.org](http://www.tcsig.org)

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

<b>Medical Plan Options</b>		<b>Monthly Premium (NOT out-of-pocket employee costs)</b>
<b>PREMIER PLUS:</b> PPO Plan	Deductible: \$75 individual; \$150 family 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: \$1,081.88 per month Emp+1: \$2,161.88 per month Emp+2: \$2,917.88 per month
<b>PREMIER:</b> PPO Plan	Deductible: \$500 individual; \$1,000 family 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: \$917.15 per month Emp+1: \$1,832.43 per month Emp+2: \$2,472.79 per month
<b>STANDARD:</b> PPO Plan	Deductible: \$750 individual; \$1,500 family 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: \$764.42 per month Emp+1: \$1,526.97 per month Emp+2: \$2,060.42 per month
<b>BASIC:</b> PPO Plan	Deductible: \$1,000 individual; \$3,000 family 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: \$658.60 per month Emp+1: \$1,315.33 per month Emp+2: \$1,774.60 per month
<b>Consumer Driven Health Plan</b>	Deductible: \$1,500 individual; \$3,000 family Coinsurance: 50/50 Prescriptions: Subject to Deductible and Coinsurance	Emp Only: \$466.60 per month Emp+1: \$931.33 per month Emp+2: \$1,256.42 per month
<b>HMO – Kaiser:</b> “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: \$898.17 per month Emp+1: \$1,794.45 per month Emp+2: \$2,538.02 per month
<b>HMO – Kaiser:</b> “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: \$843.96 per month Emp+1: \$1,686.01 per month Emp+2: \$2,385.33 per month
<b>WAIVE OUT ASSESSMENT FEE</b> Full-time employee only – Full-time = 7.5 hour per day		\$333.82 per month

<b>Dental Plan</b> Dental Provider: Delta Dental <a href="http://www.deltadentalca.org">www.deltadentalca.org</a>	<b>Employee's Out-of-Pocket Cost For Family Coverage</b>
Delta Dental – Incentive Plan: \$1,750 per person annual maximum; Ortho coverage \$500 per person lifetime maximum (adult and child)	Emp Only: \$67.64 per month Emp+1: \$126.55 per month Emp+2: \$182.18 per month
<b>Vision Plan</b> Vision Provider: Vision Service Plan <a href="http://www.vsp.com">www.vsp.com</a>	<b>Employee's Out-of-Pocket Cost For Family Coverage</b>
Vision Service Plan – Plan B: \$10 Deductible	Emp Only: \$13.09 per month Emp+1: \$21.82 per month Emp+2: \$38.18 per month
<b>Life Insurance Plans</b>	<b>Employee's Out-of-Pocket Cost For Family Coverage</b>
TCSIG: \$10,000 plan coverage	Included w/medical premium
SunLife: \$40,000 Term Life Insurance Plan w/option to buy additional coverage <a href="http://www.sunlife-usa.com">www.sunlife-usa.com</a>	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.