

CLASSIFIED, CLASSIFIED MANAGEMENT AND CONFIDENTIAL EMPLOYEES

Monthly Benefit Caps: \$1,116.00 (10 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

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		Monthly Premium (NOT out-of-pocket employee costs)
PREMIER PLUS: 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: \$1,190.06 per month Emp+1: \$2,378.06 per month Emp+2: \$3,209.66 per month
PREMIER: 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: \$1,008.86 per month Emp+1: \$2,015.56 per month Emp+2: \$2,720.06 per month
STANDARD: 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: \$804.96 per month Emp+1: \$1,607.63 per month Emp+2: \$2,168.96 per month
BASIC: PPO Plan	Deductible: \$1,000 individual; \$2,000 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: \$724.46 per month Emp+1: \$1,446.86 per month Emp+2: \$1,952.06 per month
Consumer Driven Health Plan	Deductible: \$1,500 individual; \$3,000 family Coinsurance: 50/50 Prescriptions: Subject to Deductible and Coinsurance	Emp Only: \$513.26 per month Emp+1: \$1,024.46 per month Emp+2: \$1,382.06 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: \$987.99 per month Emp+1: \$1,973.89 per month Emp+2: \$2,791.82 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: \$928.35 per month Emp+1: \$1,854.61 per month Emp+2: \$2,623.87per month
WAIVE OUT ASSESSMENT FEE Full-time employee only – Full-time = 7.5 hour per day		\$367.20 per month

Dental Plan Dental Provider: Delta Dental www.deltadentalca.org	Employee's Out-of-Pocket Cost For Family Coverage
Delta Dental – Incentive Plan: \$1,750 per person annual maximum; Ortho coverage \$500 per person lifetime maximum (adult and child)	Emp Only: \$74.40 per month Emp+1: \$139.20 per month Emp+2: \$200.40 per month
Vision Plan Vision Provider: Vision Service Plan www.vsp.com	Employee's Out-of-Pocket Cost For Family Coverage
Vision Service Plan – Plan B: \$10 Deductible	Emp Only: \$14.40 per month Emp+1: \$24 per month Emp+2: \$42 per month
Life Insurance Plans	Employee's Out-of-Pocket Cost For Family Coverage
TCSIG: \$10,000 plan coverage	Included w/medical premium
SunLife: \$40,000 Term Life Insurance Plan w/option to buy additional coverage 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.