

HCCD ACTIVE EMPLOYEE INSURANCE

Based on Jan 1, 2025 Premiums [^ Medical and Vision Plan Rate Increase to 2025 rates; Dental rates remain the same]

100% District Contribution for Employee Base Plan coverage*
95% District Contribution for Dependent Base Plan coverage

Base Plan: PPO \$25 Monthly Amount	Employee Only			Employee + 1 Dependent			Full Family		
	Premium	District	Employee	Premium	District	Employee	Premium	District	Employee
PPO 25 [^12.47%]	1,491.00	1,491.00	-	2,975.00	2,900.80	74.20	3,863.00	3,744.40	118.60
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	12.00	12.00	-	17.00	16.75	0.25	30.00	29.10	0.90
Hartford Accidental Death	6.60	6.60	-	6.60	6.60	-	6.60	6.60	-
Long Term Disability ¹	8.89	8.89	-	8.89	8.89	-	8.89	8.89	-
TOTAL	1,572.49	1,572.49	-	3,109.49	3,032.64	\$ 76.85	4,083.49	3,957.94	\$ 125.55
<i>HRA District Contribution MAX \$200</i>									
PPO SELECT (no out-network coverage)	Employee Only			Employee + 1 Dependent			Full Family		
	Premium	District	Employee	Premium	District	Employee	Premium	District	Employee
PPO Select [^12.47%]	818.00	1,491.00	(673.00)	1,627.00	2,900.80	(1,273.80)	2,114.00	3,744.40	(1,630.40)
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	12.00	12.00	-	17.00	16.75	0.25	30.00	29.10	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	899.49	1,572.49	(200.00)	1,761.49	3,032.64	(200.00)	2,334.49	3,957.94	(200.00)
<i>HRA District Contribution MAX \$200</i>									
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 [^12.47%]	814.00	1,491.00	(677.00)	814.00	2,900.80	(2,086.80)	814.00	3,744.40	(2,930.40)
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	12.00	12.00	-	17.00	16.75	0.25	30.00	29.10	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	895.49	1,572.49	(200.00)	948.49	3,032.64	(200.00)	1,034.49	3,957.94	(200.00)
<i>HRA District Contribution MAX \$200</i>									
<i>*Out-of-pocket costs & Premium allowance</i>									
<i>HRA District Contribution MAX \$200</i>									
TRIO HMO (no out-network coverage)	Employee Only			Employee + 1 Dependent			Full Family		
	Premium	District	Employee	Premium	District	Employee	Premium	District	Employee
TRIO HMO [^7.74%]	1,080.00	1,491.00	(411.00)	2,323.00	2,900.80	(577.80)	2,869.00	3,744.40	(875.40)
Delta Dental	54.00	54.00	-	102.00	99.60	2.40	175.00	168.95	6.05
VSP Vision	12.00	12.00	-	17.00	16.75	0.25	30.00	29.10	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	1,161.49	1,572.49	(200.00)	2,457.49	3,032.64	(200.00)	3,089.49	3,957.94	(200.00)
<i>HRA District MAX Contribution \$200</i>									

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

² 2025: Rate at \$514.00 + 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.