



## Open Enrollment – October 28 – November 22, 2024

*If you currently have medical, dental or vision insurance, or want to enroll, please read this important information.*

Dear MCSIG Member,

The MCSIG Executive Board approved the following to take effect January 1, 2025.

### MCSIG Virtual Presentations

October 24<sup>th</sup> and 29<sup>th</sup> at 4:30 p.m. The zoom link can be found in the SCESD/Business Services/Benefits webpage, and it will also be emailed.

**Increase in premiums:** *Extraordinarily high claims and the high cost of Monterey County providers significantly contribute to the annual increase.*

- 12.47% increase to PPO\$25, PPO\$40, PPO\$60, PPO Select
- 14.47% increase to Kaiser Low, Medium & High
- 7.74% increase to Trio HMO
- 5% increase to Vision Plan C
- No rate increases for Delta Dental plans

### Plan Elimination:

The PPO\$30 and PPO\$50 will be eliminated effective January 1, 2025. MCSIG will be mailing a letter to impacted members requesting that they make their plan changes during open enrollment.

### Default Plan for PPO\$30 and PPO\$50

Members enrolled in these plans will be moved to **PPO\$40** if a change form is not submitted by 11/22/24.

### Plan design changes

PLAN	Deductible	In-network Coinsurance	Out-of-pocket Maximum	Specialist Copay
PPO25	\$650 to \$1,000	20% to 25%	\$4,000 to \$6,000	\$35 to \$40
PPO40	\$1,500 to \$1,650	No change	\$6,350 to \$6,500	\$50 to \$60
PPO60	\$5,000 to \$6,000	No change	\$6,350 to \$7,500	No change
PPO Select	\$1,000 to \$1,300	20% to 25%	\$6,350 to \$7,500	\$35 to \$40

**Please review your options and make any desired changes by November 22nd.** If you do not wish to change your plan, **NO ACTION FROM YOU IS NEEDED**, your current plans will roll over but have a new premium.

**Our open enrollment period is from October 28 to November 22.** Please note that the district office will be closed on November 11th, 28th & 29th.

**Any changes or new enrollments will have an effective date of January 1, 2025. The *new* premium cost will be reflected on January 31, 2025, paycheck.**

**To schedule a Google Meet appointment with Yolanda Salazar**, please refer to the SCESD/Business Services/Benefits webpage and click on the YouCanBook.Me link or use this QR code.



**Teladoc Behavioral Health:**

The behavioral health portion of Teladoc will no longer be available, eff. 1/1/25. Impacted members will be notified by mail and provided with other behavioral health options. Teladoc's general medical and dermatology benefits will remain unchanged. If you need to locate a new mental health provider, please visit [www.wellvolution.com/mentalhealth](http://www.wellvolution.com/mentalhealth) or refer to the mental health options flyer at SCESD/Business Services/Benefits webpage for additional options and information.

**During open enrollment period:**

- You may elect to change your current medical & dental plan
- As an active employee, you may add eligible dependents to medical, vision or dental coverage.
- Employees eligible for coverage may enroll at this time if they haven't already
- If you are currently enrolled in PPO30 or PPO50, those plans will no longer be available effective 1/1/25, and you will need to enroll in an alternate plan offered.

**Do I need to provide any documents?**

If you add dependents to your coverage, you must provide supporting documentation for all dependents. The supporting documentation needed is based on the type of dependent you will be adding or removing (copies, no originals):

- Spouse: County or state certified marriage certificate and social security card
- Child: County or state certified birth or adoption certificate, and social security card. Up to the age 26 or older if the child is disabled and incapable of self-support due to a mental or physical disability. A child is defined as your natural biological child, stepchild, legally adopted child, legal guardianship, or a child for whom you are required to provide health insurance by a Qualified Medical Child Support Order.
- Domestic Partner (same & opposite sex): State Certificate of Registered Domestic Partners and social security card
- Divorce decree: Court order that finalizes a marriage

**Kaiser**

Please refer to the SCESD/Business Services/Benefits webpage for plan summaries.

**Who do I call if I have questions about my plan benefits?**

Call MCSIG Customer Service at (831) 755-8055 or (800) 287-1442

Call Yolanda Salazar at (831) 784-2218 or email her at [yolanda.salazar@salinascityesd.org](mailto:yolanda.salazar@salinascityesd.org)

**Change forms or enrollment forms must be provided to Yolanda Salazar by email, inter-district mail, or dropped off no later than 4:30 p.m. on November 22, 2024.**

**ACTIVE CERTIFICATED & MANAGEMENT EMPLOYEES****JANUARY - DECEMBER 2025 RATES**

MEDICAL PLAN	DEPENDENTS	ANNUAL PREMIUM	ANNUAL DISTRICT CONTRIBUTION	MONTHLY EMPLOYEE COST (10 MONTH)	MONTHLY EMPLOYEE COST (11 MONTH)	MONTHLY EMPLOYEE COST (12 MONTH)
<b>PPO \$25</b>	Employee Only	\$ 17,892.00	\$ 11,040.00	\$ 685.20	\$ 622.91	\$ 571.00
	Employee + 1	\$ 35,700.00	\$ 16,260.00	\$ 1,944.00	\$ 1,767.27	\$ 1,620.00
	Family	\$ 46,356.00	\$ 21,120.00	\$ 2,523.60	\$ 2,294.18	\$ 2,103.00
<b>PPO \$40</b>	Employee Only	\$ 13,572.00	\$ 11,040.00	\$ 253.20	\$ 230.18	\$ 211.00
	Employee + 1	\$ 27,096.00	\$ 16,260.00	\$ 1,083.60	\$ 985.09	\$ 903.00
	Family	\$ 35,184.00	\$ 21,120.00	\$ 1,406.40	\$ 1,278.55	\$ 1,172.00
<b>PPO \$60</b>	Employee Only	\$ 11,472.00	\$ 11,040.00	\$ 43.20	\$ 39.27	\$ 36.00
	Employee + 1	\$ 22,800.00	\$ 16,260.00	\$ 654.00	\$ 594.55	\$ 545.00
	Family	\$ 29,640.00	\$ 21,120.00	\$ 852.00	\$ 774.55	\$ 710.00
<b>PPO Select</b>	Employee Only	\$ 9,816.00	\$ 11,040.00	\$ -	\$ -	\$ -
	Employee + 1	\$ 19,524.00	\$ 16,260.00	\$ 326.40	\$ 296.73	\$ 272.00
	Family	\$ 25,368.00	\$ 21,120.00	\$ 424.80	\$ 386.18	\$ 354.00
<b>Trio HMO</b>	Employee Only	\$ 12,960.00	\$ 11,040.00	\$ 192.00	\$ 174.55	\$ 160.00
	Employee + 1	\$ 27,876.00	\$ 16,260.00	\$ 1,161.60	\$ 1,056.00	\$ 968.00
	Family	\$ 34,428.00	\$ 21,120.00	\$ 1,330.80	\$ 1,209.82	\$ 1,109.00
<b>Kaiser Low*</b>	Employee Only	\$ 10,332.00	\$ 11,040.00	\$ -	\$ -	\$ -
	Employee + 1	\$ 20,544.00	\$ 16,260.00	\$ 428.40	\$ 389.45	\$ 357.00
	Family	\$ 29,028.00	\$ 21,120.00	\$ 790.80	\$ 718.91	\$ 659.00
<b>Kaiser Medium*</b>	Employee Only	\$ 11,424.00	\$ 11,040.00	\$ 38.40	\$ 34.91	\$ 32.00
	Employee + 1	\$ 22,728.00	\$ 16,260.00	\$ 646.80	\$ 588.00	\$ 539.00
	Family	\$ 32,124.00	\$ 21,120.00	\$ 1,100.40	\$ 1,000.36	\$ 917.00
<b>Kaiser High*</b>	Employee Only	\$ 13,260.00	\$ 11,040.00	\$ 222.00	\$ 201.82	\$ 185.00
	Employee + 1	\$ 26,400.00	\$ 16,260.00	\$ 1,014.00	\$ 921.82	\$ 845.00
	Family	\$ 37,308.00	\$ 21,120.00	\$ 1,618.80	\$ 1,471.64	\$ 1,349.00

\* Kaiser fully insured program includes the MCSIG wellness program as well as Life Insurance. It does not include ancillary benefits.

Employees whose residence is in Santa Cruz or Santa Clara County are eligible to enroll in Kaiser health plans

# ACTIVE CLASSIFIED & CONFIDENTIAL EMPLOYEES

JANUARY - DECEMBER 2025 RATES

MEDICAL PLAN	DEPENDENTS	ANNUAL PREMIUM	ANNUAL DISTRICT CONTRIBUTION	MONTHLY EMPLOYEE COST (11 MONTH)	MONTHLY EMPLOYEE COST (12 MONTH)
PPO \$25	Employee Only	\$ 17,892.00	\$ 9,812.00	\$ 734.55	\$ 673.33
	Employee + 1	\$ 35,700.00	\$ 18,128.00	\$ 1,597.45	\$ 1,464.33
	Family	\$ 46,356.00	\$ 23,492.00	\$ 2,078.55	\$ 1,905.33
PPO \$40	Employee Only	\$ 13,572.00	\$ 9,812.00	\$ 341.82	\$ 313.33
	Employee + 1	\$ 27,096.00	\$ 18,128.00	\$ 815.27	\$ 747.33
	Family	\$ 35,184.00	\$ 23,492.00	\$ 1,062.91	\$ 974.33
PPO \$60	Employee Only	\$ 11,472.00	\$ 9,812.00	\$ 150.91	\$ 138.33
	Employee + 1	\$ 22,800.00	\$ 18,128.00	\$ 424.73	\$ 389.33
	Family	\$ 29,640.00	\$ 23,492.00	\$ 558.91	\$ 512.33
PPO Select	Employee Only	\$ 9,816.00	\$ 9,812.00	\$ 0.36	\$ 0.33
	Employee + 1	\$ 19,524.00	\$ 18,128.00	\$ 126.91	\$ 116.33
	Family	\$ 25,368.00	\$ 23,492.00	\$ 170.55	\$ 156.33
Trio HMO	Employee Only	\$ 12,960.00	\$ 9,812.00	\$ 286.18	\$ 262.33
	Employee + 1	\$ 27,876.00	\$ 18,128.00	\$ 886.18	\$ 812.33
	Family	\$ 34,428.00	\$ 23,492.00	\$ 994.18	\$ 911.33
Kaiser Low*	Employee Only	\$ 10,332.00	\$ 9,812.00	\$ 47.27	\$ 43.33
	Employee + 1	\$ 20,544.00	\$ 18,128.00	\$ 219.64	\$ 201.33
	Family	\$ 29,028.00	\$ 23,492.00	\$ 503.27	\$ 461.33
Kaiser Medium*	Employee Only	\$ 11,424.00	\$ 9,812.00	\$ 146.55	\$ 134.33
	Employee + 1	\$ 22,728.00	\$ 18,128.00	\$ 418.18	\$ 383.33
	Family	\$ 32,124.00	\$ 23,492.00	\$ 784.73	\$ 719.33
Kaiser High*	Employee Only	\$ 13,260.00	\$ 9,812.00	\$ 313.45	\$ 287.33
	Employee + 1	\$ 26,400.00	\$ 18,128.00	\$ 752.00	\$ 689.33
	Family	\$ 37,308.00	\$ 23,492.00	\$ 1,256.00	\$ 1,151.33

\* Kaiser fully insured program NOW includes the MCSIG wellness program as well as Life Insurance. It does not include ancillary benefits.

Employees whose residence is in Santa Cruz or Santa Clara County are eligible to enroll in Kaiser health plans



Municipalities, Colleges, Schools Insurance Group  
2025 Medical Comparison Chart

Participant's share of ( You Pay ): <b>Network: Blue Shield</b> (provider search blueshieldca.com/mcsig)	PPO \$25	PPO \$40	PPO \$60  High Deductible Health Plan	PPO Select	Trio HMO	CompleteCare Medical Expense Reimbursement Plan
Deductibles (Individual / Family) <sup>1</sup>	\$1,000 / 2x	\$1,650 / 2x	\$6,000 Integrated with Med/Rx Deductible, Per Person	\$1,300 / 2x	\$1,500 / 2x Applies Only to Inpatient and Outpatient Hospital and Ambulatory Surgical Center	Contact your Benefit Representative for more information
Coinsurance - Network	25%	30%	30%	25%	15% -25% for Certain Services <sup>3</sup>	
Coinsurance - Out Network	40%	50%	No out of network coverage. Deductible must be met first.	No out of network coverage. No coverage for Monterey County hospitals and their owned facilities (except SVMH)	No out of network coverage.	(877) 872-4232 or email completecare@catilizehealth.com
Out-of-Pocket Co-Ins Maximums-Single In Network <sup>2</sup>	\$6,000	\$6,500	\$7,500	\$7,500	\$3,000	\$9,200 Single per year Annual Reimbursement
Out-of-Pocket Co-Ins Maximums - Family In Network <sup>2</sup>	2 x Individual	2 x Individual	Per person	2 x Individual	2 x Individual	\$18,400 Family per year Annual Reimbursement
Out-Network Co-Insurance Maximums <sup>2</sup>	\$7,000 / 2 x Ind.	\$12,700 / 2 x Ind	No out of network coverage	No out of network coverage	No out of network coverage	For more information
Inpatient Hospital Coinsurance (In-Network)*	\$250 copay + 25%	\$250 copay + 30%	\$250 copay + 30%	25%	25%	on this plan contact your
Inpatient Hospital Coinsurance (Out-Network)*	40%	50%	No out of network coverage	No out of network coverage	No out of network coverage	District Benefit
Hospital ER Co-Pay (**waived if admitted)			Emergency Services Only	Emergency Services Only	Emergency Services Only	Representative
Ground/Air Ambulance*	\$250 ER Room	\$250 ER Room	\$250 ER Room	\$500 ER Room**	\$150 ER Room	
Physician Benefits	25%/20%	30%/50%	30%/30%	25%/20%	\$100 Copay	
Surgery/Anesthesia*	In-Net/Out-Net	In-Net/Out-Net	In-Network	In-Network Only	In-Network Only	
Hospital Visits*	25% / 40%	30% / 50%	30%	25%	15% - 30% <sup>3</sup>	
Office Visits	25% / 40%	30% / 50%	30%	25%	0%	
Specialist Visits	\$25 / 40%	\$40 / 50%	\$60	\$25	\$20	
Physical Exams	\$40 / 40%	\$60 / 50%	\$70	\$40	\$20	
Mental Health/Substance Abuse	0% /40%	0% /50%	0%	0%	0%	
Outpatient Diagnostic X-ray and Lab Work	25% / 40%	30% / 50%	30%	25%	\$20 visit / \$0 for some services	
Acupuncture (Any Licensed Acupuncturist)	25% / 40%	30% / 50%	30%	25%	\$0	
Prescription Drugs	\$2,000 per year	\$2,000 per year	\$2,000 per year	\$2,000 per year	No Coverage	
Out-of-Pocket Co-Ins Max - Single In Network	\$1,800	\$1,800	\$1,800	\$1,800	Included with OOP Max above	
Out-of-Pocket Co-Ins Max - Family In Network	\$3,600	\$3,600	\$3,600	\$3,600	Included with OOP Max above	
Mail-Generic/Preferred/Brand (NonFormulary), 90 Day Supply	\$0 / \$50 / \$90	\$0 / \$50 / \$90	\$75	\$0 / \$50 / \$90	\$20 / \$60 / \$100	
Retail-Generic/Preferred/Brand (NonFormulary), 30 Day Supply	\$10 / \$25 / \$45	\$10 / \$25 / \$45	\$25	\$10 / \$25 / \$45	\$10 / \$30 / \$50	
Retail/Maint.-Gen./Pref./Brand (NonFormulary), 60 Day Supply	\$15 / \$40 / \$60	\$15 / \$40 / \$60	\$50	\$15 / \$40 / \$60	(90 Day Supply) \$30 / \$90 /\$150	
Specialty, 30 Day Supply	\$25 / \$75 / \$125	\$25 / \$75 / \$125	\$225	\$25 / \$75 / \$125	20% to \$250 / \$20% to \$500 90 Day Mail / 20% to \$750 90 Day Retail	
Chiropractic Care - CHPC.com (in-network only)	\$10 copay				No Coverage	
Surgery Benefit Management Program	100% w/Translucent Surgery Care (888) 387-3909				Translucent benefits not included	

Chart is for Comparison only; Plan Evidence of Coverage Document Prevails

Co-payments, Co-insurance and Deductibles apply toward out-of-pocket maximum

\*Subject to deductible

\*\*PPO Select ER Co-Pay waived when it is a true emergency (e.g. taken by ambulance, severe wounds, broken bones, severe chest pain) or if admitted to the hospital

<sup>1</sup> 2x = family deductible is met by two individuals

<sup>2</sup>Includes deductible

<sup>3</sup>15% for Ambulatory Surgery Center / 25% for Inpatient Hospital Services and Skilled Nursing Facility / 30% for Hospital Outpatient Surgery / 20% for Diabetes Equipment and Supplies / 50% for Durable Medical Equipment and Allergy Serum billed separately from Office Visit

Eligible Plans: PPO25, PPO40, PPO60, PPO250, PPO Select					
Benefit	For what	Website	Who to Call	Copay	Incentive
Transcreant	Platform to MCSIG benefits	<a href="https://Experience.Transcreant.ai/MCSIG">Experience.Transcreant.ai/MCSIG</a>	(855) 586-2744	\$0	Transcreant's app is your one stop to access all of your MCSIG benefits and includes a health guide ready to help 24/7
Acupuncture	Acupuncture Care	<a href="https://blueshieldca.com">blueshieldca.com</a>	(800) 287-1442	\$0	\$2,000 per year coverage, per person
Altas Everside Health	Primary Care & Behavioral Health Services	<a href="https://members.eversidehealth.com">members.eversidehealth.com</a>	(866) 808-6005	Plan copay	Virtual & in-person appointments, pediatrics, access to care team 24/7, same/next day appointments, behavioral health for adults & children
Blue Shield	Search for providers, access virtual ID card	<a href="https://blueshieldca.com">blueshieldca.com</a>	(800) 287-1442	\$0	NOTE- this is an in-network provider and normal plan design charges apply View or print your member ID card instantly, check year-to-date totals, view claims, search for providers, quick access to all Teladoc benefits
Brightline	Behavioral Health Benefit for Families	<a href="https://hellobrightline.com/MCSIG-join">hellobrightline.com/MCSIG-join</a>	(888) 224-7332	Plan copay	Behavioral health care for kids and teens (18 months to 17 years old), and support for parents and caregivers
Chiropractic Health Plan of Ca.	Chiropractic Care	<a href="https://chpc.com">chpc.com</a>	(800) 995-2442	\$10	Low co-pay for each visit
Express Scripts	Prescription Home Delivery	<a href="https://Express-Scripts.com">Express-Scripts.com</a>	(800) 698-3757	\$0 Generic	Generic prescription drugs for free up to 90 day supply.
Health Education Class Subsidies	Discounted rates on health educational classes	<a href="https://mcsig.com">mcsig.com</a>	(831) 755-0161	Varies	50% of health education classes are paid by MCSIG with at least 80% participation. Visit mcsig.com for a complete list of classes
MetLife (EAP)	Employee Assistance Program (EAP)	<a href="https://metlifegc.lifeworks.com">metlifegc.lifeworks.com</a>	(888) 319-7819	\$0	Up to 5 sessions with a therapist. Resources for end-of-life issues, help after the death of a loved one, funeral assistance, legal and financial consultations
Wellness Coaching Services	Personalized wellness coaching			\$0	Goal-setting consultation and personalized program with follow-up calls with your coach
Financial Counseling	Financial services			\$0	Unlimited consultations with financial counselors, at no cost
Legal Consultation	Legal services			30 min. consult	One free 30-min office or telephone consultation per separate legal matter with an attorney. If retained, you may receive 25% off normal hourly rate.
Childcare and Eldercare	Finding the right care for your child or aging loved one			\$0	Speak to childcare and eldercare experts on your situation and needs
Daily Living	Resources for your daily chore needs			\$0	Receive 3 to 5 referrals with complete contact information by an expert consultant
Identity Theft Recovery	Identity theft services			\$0	Certified consumer credit counselor will assess and create an action plan
Online Legal Tools	Downloadable legal forms			\$0	Free
MetLife (Life Insurance)	Life Insurance & AD&D		(831) 755-0161	N/A	Active Members: \$25,000 Life insurance coverage & Accidental Death and Dismemberment insurance with all MCSIG medical plans. Retirees: \$5,000. See your Benefit Representative to change beneficiary selections.
Mood with Salinas Valley Health	Online mental health clinic	<a href="https://Mood.Health">Mood.Health</a>	(619) 639-9738	Plan copay	Therapy, psychiatry, and medication management. Ages 18+
MSJ+Today	Orthopedic Urgent Care	<a href="https://MSJ.Today">MSJ.Today</a>	(831) 648-7265	Plan copay	Orthopedic Urgent Care Mon-Fri 9 am to 8 pm & Sat-Sun 10 am to 7 pm. Note: this is an in-network provider and normal plan design charges apply
Teladoc Benefits	Talk to a board certified doctor 24/7	<a href="https://teladoc.com">teladoc.com</a>	(800)-TELADOC	\$0	Convenience and no-copay
General Medical	Talk or video with a doctor, 24/7	or by logging into		\$0	24/7 virtual doctor visits, and prescriptions when medically necessary (RX copay applies)
Dermatology	Receive treatment plan within 2 days	<a href="https://blueshieldca.com">blueshieldca.com</a>		\$0	Dermatology services and communication takes place through the message center
Transcreant	Single sign-on platform to MCSIG benefits	<a href="https://Experience.Transcreant.ai/MCSIG">Experience.Transcreant.ai/MCSIG</a>	(855) 586-2744	\$0	Transcreant's app is your one stop to access all of your MCSIG benefits and includes a Health Guide ready to help 24/7
Telehealth	Chat, talk or video with a doctor in under a minute, 24/7			\$0	24/7 virtual doctor visits, and prescriptions when medically necessary (RX copay applies)
Surgery Care	Planned surgeries: Bariatric, Cardiac, General, Orthopedic, Spine, Women's Health			\$0	Care Allowance \$500 to \$4,500 for out of Monterey county surgeries. Care Coordinators guide you through the surgery process from beginning to end. Note: PPO60, no cost after deductible is met
Health Guides	Certified coaches, wellness educators and advocates			\$0	Benefit guidance, personalized coaching, stress management, or booking of appointments with in-network doctors
Virtual Physical Care	Physical therapy for chronic back, neck or joint pain			\$0	Recover at home with a virtual program supported by a personal physical therapist.
Expert Medical Guidance	Expert second medical and surgical opinions			\$0	Talk to top doctors to get the right diagnosis and treatment options for your needs.
TruHearing	Hearing aid discounts	<a href="https://truhearing.com/vsp">truhearing.com/vsp</a>	(877) 396-7194	\$45	Save up to 60% on a pair of hearing aids, dependents and extended family members are eligible too.
Wellvolution	Innovative digital health network	<a href="https://wellvolution.com">wellvolution.com</a>	(866) 671-9644	\$0	Programs with accessible apps based on the latest in science and lifestyle medicine to help members improve their health
Disease Prevention Program	Lose weight and lower risk of Type 2 diabetes			\$0	Free customized tools and health coaching with the following providers: Weight Watchers, Pulse, restore health, betr, habitnu (no monthly charges)
Behavioral Health	Video therapy & psychiatry sessions, including coaching			Plan copay	Video therapy and psychiatry sessions are available within days for a copay—real-time behavioral health coaching at no cost.
Condition-specific Program	Treat diabetes, hypertension, obesity and heart disease			\$0	Use vetted methods to help control Type 2 diabetes and limit risk of chronic disease. Programs: betr, virta and monj
Tobacco Cessation	Quit smoking			\$0	Break the habit with tested strategies that help beat nicotine cravings and addiction. Program: Clickotine (no monthly charges)
COMPLETECARE REIMBURSEMENT PROGRAM & KAISER PERMANENTE:					
Benefit	For what	Website	Who to Call	Copay	Incentive
MetLife (EAP)	Employee Assistance Program (EAP)	<a href="https://metlifegc.lifeworks.com">metlifegc.lifeworks.com</a>	(888) 319-7819	\$0	Up to 5 in-person or telephonic sessions with a licensed LifeWorks counselor. Resources for end-of-life issues, help after the death of a loved one, funeral assistance, legal and financial consultations
MetLife (Life Insurance)	Life Insurance & AD&D		(831) 755-0161	N/A	\$25,000 Life insurance coverage & Accidental Death and Dismemberment insurance with all MCSIG medical plans. Change forms to update beneficiary can be downloaded from mcsig.com; provide to your Benefit Representative.



**Municipalities, Colleges, Schools Insurance Group (MCSIG)**

**All ACTIVE EMPLOYEES**

**JANUARY - DECEMBER 2025 RATES**

DENTAL PLANS	DEPENDENTS	ANNUAL PREMIUM	ANNUAL DISTRICT CONTRIBUTION	MONTHLY EMPLOYEE COST (10 MONTH)	MONTHLY EMPLOYEE COST (11 MONTH)	MONTHLY EMPLOYEE COST (12 MONTH)
Low \$1000	Employee Only	\$ 588.00	\$ 624.00	-	-	-
	Employee + 1	\$ 1,080.00	\$ 1,140.00	-	-	-
	Family	\$ 1,740.00	\$ 1,836.00	-	-	-
Med \$1500	Employee Only	\$ 636.00	\$ 624.00	\$ 1.20	\$ 1.09	\$ 1.00
	Employee + 1	\$ 1,176.00	\$ 1,140.00	\$ 3.60	\$ 3.27	\$ 3.00
	Family	\$ 1,908.00	\$ 1,836.00	\$ 7.20	\$ 6.55	\$ 6.00
High \$2000	Employee Only	\$ 708.00	\$ 624.00	\$ 8.40	\$ 7.64	\$ 7.00
	Employee + 1	\$ 1,284.00	\$ 1,140.00	\$ 14.40	\$ 13.09	\$ 12.00
	Family	\$ 2,112.00	\$ 1,836.00	\$ 27.60	\$ 25.09	\$ 23.00
Grand \$2500	Employee Only	\$ 780.00	\$ 624.00	\$ 15.60	\$ 14.18	\$ 13.00
	Employee + 1	\$ 1,416.00	\$ 1,140.00	\$ 27.60	\$ 25.09	\$ 23.00
	Family	\$ 2,328.00	\$ 1,836.00	\$ 49.20	\$44.73	\$ 41.00
VISION PLAN C	DEPENDENTS	ANNUAL PREMIUM	ANNUAL DISTRICT CONTRIBUTION	EMPLOYEE COST (10 MONTH)	EMPLOYEE COST (11 MONTH)	EMPLOYEE COST (12 MONTH)
Certificated & Management	Employee Only	\$ 156.00	\$ 156.00	-	-	-
	Employee + 1	\$ 252.00	\$ 252.00	-	-	-
	Family	\$ 444.00	\$ 444.00	-	-	-
Classified & Confidential	Employee Only	\$ 156.00	\$ 147.96	\$ 0.80	\$ 0.73	\$ 0.67
	Employee + 1	\$ 252.00	\$ 247.44	\$ 0.46	\$ 0.41	\$ 0.38
	Family	\$ 444.00	\$ 443.88	\$ 0.01	\$0.01	\$ 0.01



## Municipalities, Colleges, Schools Insurance Group Dental Plans Comparison

Your Dental Plan at a Glance	Grand Option Plan	High Option Plan	Medium Option	Low Option
Annual Maximum Benefit	\$2,500 per person	\$2,000 per person	\$1,500 per person	\$1,000 per person
<i>Diagnostic and Preventive Benefits</i> <ul style="list-style-type: none"> <li>• Oral examination</li> <li>• X-rays</li> <li>• Biopsy/tissue examination</li> <li>• Prophylaxis (cleaning)</li> <li>• Fluoride treatment</li> <li>• Space maintainers</li> <li>• Specialist consultation</li> </ul>	70% of Delta Dentist's fee*	70% of Delta Dentist's fee*	70% of Delta Dentist's fee*	70% of Delta Dentist's fee*
<i>Basic Benefits</i> <ul style="list-style-type: none"> <li>• Oral surgery (extractions including surgical removal of teeth)</li> <li>• Restorative (fillings) for treatment of carious lesions (visible destruction of hard tooth structure resulting from dental decay)</li> <li>• Endodontics (root canal therapy)</li> <li>• Periodontics (treatment of gums and bones supporting teeth)</li> </ul>	70% of Delta Dentist's fee*	70% of Delta Dentist's fee*	70% of Delta Dentist's fee*	70% of Delta Dentist's fee*
Crowns, Jackets and Cast Restorations For treatment on carious lesions (visible destruction of hard tooth structure resulting from dental decay) which cannot be restored with amalgam, synthetic or plastic restorations	70% of Delta Dentist's fee*	70% of Delta Dentist's fee*	70% of Delta Dentist's fee*	70% of Delta Dentist's fee*
Prosthodontic Benefits <ul style="list-style-type: none"> <li>• Bridges (fixed and removable)</li> <li>• Partial dentures (subject to a maximum allowance)</li> <li>• Full dentures (subject to a maximum allowance)</li> </ul>	70% of Delta Dentist's fee	70% of Delta Dentist's fee	70% of Delta Dentist's fee	50% of Delta Dentist's fee

\* Delta pays 70% of the approved fees for covered diagnostic, preventative, basic, cast and crown benefits during the first year you are eligible. This percentage will increase 10% each year to a maximum of 100%, provided you visit the dentist at least once during the year. If you do not see the dentist for any services in the calendar year, your coverage will drop by 10% increments annually, until the minimum of 70%. If you become ineligible for benefits and later regain eligibility, the percentage will drop back to 70%.

Delta Dental Customer Service: 866-499-3001 / To find a Delta Dental provider, visit [deltadentalins.com](http://deltadentalins.com)

MCSIG Customer Services: 831-755-8055 or toll free 800-287-1442





## A LOOK AT YOUR VSP VISION COVERAGE

### SEE HEALTHY AND LIVE HAPPY WITH HELP FROM MCSIG (PLAN C 12/12/12) AND VSP.



As a VSP® member, you get personalized care from a VSP network doctor at low out-of-pocket costs.

#### VALUE AND SAVINGS YOU LOVE.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras for additional savings.

#### PROVIDER CHOICES YOU WANT.

With an average of five VSP network doctors within six miles of you, it's easy to find a nearby in-network doctor. Plus, maximize your coverage with bonus offers and additional savings that are exclusive to Premier Program locations.



**Like shopping online?** Go to **eyeconic.com** and use your vision benefits to shop over 50 brands of contacts, eyeglasses, and sunglasses.

#### QUALITY VISION CARE YOU NEED.

You'll get great care from a VSP network doctor, including a WellVision Exam®—a comprehensive exam designed to detect eye and health conditions.

#### USING YOUR BENEFIT IS EASY!

Create an account on **vsp.com** to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with exclusive member extras. At your appointment, just tell them you have VSP.

#### GET YOUR PERFECT PAIR

**EXTRA \$20 +**

TO SPEND ON  
FEATURED FRAME BRANDS\*

bebe CALVIN KLEIN COLE HAAN FLEXON  
LACOSTE  NINE WEST  
STEWART

SEE MORE BRANDS AT [VSP.COM/OFFERS](https://vsp.com/offers).

UP  
TO **40%**  
SAVINGS ON LENS  
ENHANCEMENTS



Contact us: **800.877.7195** or **vsp.com**

## YOUR VSP VISION BENEFITS SUMMARY

MCSIG (Plan C 12/12/12) and VSP provide you with an affordable vision plan.

### PROVIDER NETWORK:

VSP Signature

### EFFECTIVE DATE:

01/01/2022



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP PROVIDER			
WELLVISION EXAM	<ul style="list-style-type: none"><li>Focuses on your eyes and overall wellness</li></ul>	\$10 for exam and glasses	Every 12 months
PRESCRIPTION GLASSES			
FRAME	<ul style="list-style-type: none"><li>\$190 featured frame brands allowance</li><li>\$170 frame allowance</li><li>20% savings on the amount over your allowance</li><li>\$95 Walmart®/Sam's Club®/Costco® frame allowance</li></ul>	Combined with exam	Every 12 months
LENSES	<ul style="list-style-type: none"><li>Single vision, lined bifocal, and lined trifocal lenses</li><li>Impact-resistant lenses for dependent children</li></ul>	Combined with exam	Every 12 months
LENS ENHANCEMENTS	<ul style="list-style-type: none"><li>Progressive lenses</li><li>Tints/Light-reactive lenses</li><li>Average savings of 40% on other lens enhancements</li></ul>	\$0 \$0	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"><li>\$170 allowance for contacts and contact lens exam (fitting and evaluation)</li><li>15% savings on a contact lens exam (fitting and evaluation)</li></ul>	\$0	Every 12 months
PRIMARY EYECARE <sup>SM</sup>	<ul style="list-style-type: none"><li>Retinal screening for members with diabetes</li><li>Additional exams and services for members with diabetes, glaucoma, or age-related macular degeneration.</li><li>Treatment and diagnoses of eye conditions, including pink eye, vision loss, and cataracts available for all members.</li><li>Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details.</li></ul>	\$0 \$5 per exam	As needed
EXTRA SAVINGS	<b>Glasses and Sunglasses</b> <ul style="list-style-type: none"><li>Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com/offers">vsp.com/offers</a> for details.</li><li>30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam.</li></ul>		
	<b>Routine Retinal Screening</b> <ul style="list-style-type: none"><li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li></ul>		
	<b>Laser Vision Correction</b> <ul style="list-style-type: none"><li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li><li>After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor</li></ul>		
YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS			
Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.			
Coverage with a retail chain may be different or not apply. Log in to <a href="http://vsp.com">vsp.com</a> to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.			

\*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change. Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

Classification: Restricted

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# MCSIG CHANGE FORM

MCSIG  
municipalities • colleges • schools  
insurance group

# EMPLOYER'S COBRA FORM

\*Employee or Employer representative: Use this form to report certain events to MCSIG as required under provisions of the federal Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). Failure to complete and submit this form in a timely manner may result in a loss of health insurance continuation that are available under COBRA. The notice must be sent back within 10 days after the later of (a) the date of qualifying event, or (b) the date that qualifying beneficiary would lose coverage on account of the qualifying event.

<b>I</b>	<b>EMPLOYEE NAME</b> (must be legal name)										
	Last: _____ First: _____ MI: _____ Birth Date: ____/____/____ Social Security ____-____-____ District <b>SCESD</b>										
<b>II</b>	<b>EMPLOYEE ADDRESS</b>										
	Mailing Address Required: _____ Street _____ City _____ State _____ Zip _____ Email Address: _____@_____ Phone # (____) _____										
<b>III</b>	<b>DEPENDENT CHANGE</b> Note: You may only add dependents during annual November open enrollment or a special qualifying event										
	Type "Add" or "Remove" in the box provided next to each dependent's name										
<b>Add or Remove</b>	Last Name	First Name	MI	SSN Required	Relationship	Gender (type below)	DOB	MED	DEN	VIS	
<b>IV</b>	<b>BENEFIT PLAN CHANGES</b> (Required Documentation on reverse side)										
	<b>Medical</b>		<b>Dental - No Ortho</b>		<b>Vision</b>	<b>Reason for Plan Change</b>		<b>OPT-OUT (EE only)</b>			
	PPO25		Low		Plan C		Term		Medical		
	PPO40		Med				Marriage		Dental		
	PPO60		High				Retirement		Vision		
	PPO SELECT (Complete Disclaimer on reverse side)		Grand				Addition/Loss of Other Coverage		Eff. Date	/ /	
						Add Dependents		Proof of other coverage must be attached			
						Loss Coverage					
		KAISER				Change of Employment					
	Trio HMO		Low		Med		High		Loss or Ineligible Dependent		
	COMPLETECARE						<b>Open Enrollment</b>				
<b>V</b>	<b>EMPLOYEE NAME CHANGE</b> Note: Copy of social security card is required										
	Former Last Name _____ Present Last, MI, First _____										
<b>VI</b>	<b>CHANGE OF BENEFICIARY</b> Note: Life insurance is provided with medical plan enrollment only (25K Active / 5K Retiree)										
	<b>Beneficiary Name</b>		<b>Beneficiary Address</b>			<b>Beneficiary Relationship</b>			<b>Percentage = 100%</b>		
<b>COMMENTS</b>											
I hereby request the changes hereon to be made and authorize the applicable change in my contributions.											
Employee Signature X _____						Date Signed _____		20____			
Employee Representative X _____						Date Signed _____		20____			
<div style="display: flex; justify-content: space-between;"> <div> <b>EMPLOYER USE ONLY</b>  Eff. Date <b>January 1, 2025</b> Group # <b>5200</b>  FSA: Yes _____ No _____ Sub group # _____ </div> <div> <b>MCSIG USE ONLY</b>  Posted _____ Date _____ Initial _____ </div> </div>											

RETURN THIS FORM TO YOUR EMPLOYER BENEFITS DEPARTMENT
MCSIG Change Form Rev. 8/29/24

## PPO Select Plan Disclaimer

I understand that by enrolling in the PPO Select plan, my dependents and I do not have out-of-network coverage. I can search for Blue Shield of California in-network providers by selecting PPO Select as the plan option at: [Blue Shield/MCSIG's microsite](#).

Initial \_\_\_\_\_

I have reviewed this information with my adult dependents covered by my plan and they understand the plan restrictions.

Initial \_\_\_\_\_

I understand that the PPO Select plan **excludes** Monterey County hospitals and their owned facilities that bill under the Monterey county hospitals Tax Identification number. The excluded hospitals are Community Hospital of the Monterey Peninsula, Natividad Medical Center, and Mee Memorial Hospital. Note: Salinas Valley Health Medical Center is in-network, effective 3/1/24. Note: you and your dependents will be covered in the case of a true emergency (e.g. taken by ambulance, severe and sudden pain, broken bones or referral by a medical provider). All plan design charges will apply. Please note: that the billing submitted by the hospital is what will determine if the visit was a true emergency. If referred to one of the above hospitals by your doctor, urgent care facility, Teladoc, Transcarent or any other medical provider but the hospital bill does not reflect an emergency, call MCSIG Customer Service at (831) 755-8055 to report the referral so that your claim can be reviewed. For a list of in-network hospitals, register and search at: [Blue Shield/MCSIG's microsite](#).

Initial \_\_\_\_\_

The PPO Select Plan includes Transcarent Surgery Care, a free high quality surgery benefit with more than 100% coverage and no out-of-pocket expenses. Their suite of tools, services and dedicated Care Coordinators are available to help you when considering a planned surgery. Get connected with a Care Coordinator at (855) 586-2744.

Once enrolled and benefits have been activated, obtain further guidance to best manage your healthcare needs, by registering online at [webapp.transcarent.ai/activate](#) and connect with a health guide to get concierge-level support on your needs. In addition, MCSIG Customer Service is at your service at (831) 755-8055, M-F 8-5 p.m.

I attest by signing below that I have reviewed the PPO Select Disclaimer within this document. I understand that I am eligible to change plans during Open Enrollment every November for a January 1 effective. I may also change plans if I encounter a qualifying event outside of Open Enrollment (e.g. marriage, divorce, birth of a child). Please refer to your Benefit Booklet for a complete list of qualifying events at: [www.mcsig.com](#) (under the Health Plans tab).

Insured Legal Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_

Insured Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REQUIRED DOCUMENTATION\*** Attach copies of: Certified Marriage Certificate, Domestic Partner State Registration Certificate (Same sex partners or opposite sex partners), Birth Certificates (for ALL dependent children), Adoption (Adoption Placement Papers), Legal Guardianship (final paperwork showing effective date), Proof of enrollment in other medical coverage (for employee to opt-out of medical plan), MCSIG Disabled Dependent Form.

\*Any required documentation that is not included with the enrollment form will delay the enrollment process.

**RETURN THIS FORM TO YOUR EMPLOYER BENEFITS DEPARTMENT**