

**Merced City School District**  
**Certificated - Health Benefits Options**  
**Active Married Couples - 12 Month**  
**October 1, 2024 - September 30, 2025**

	40544A High - A	40545G High - B	40544B Medium	40544C Low	40545D Low-2	Kaiser
Plan:	PBC 100-A \$0	PBC 100-G \$20	PBC 80-C \$20	PBC 80-G \$30	PBC 80-M \$40	DHMO 1000
Individual/Family Deductible(s):	\$0/\$0	\$500/\$1000	\$200/\$500	\$500/\$1000	\$3000/\$6000	\$1000/\$2000
Out-of-Pocket Maximum:	Not Applicable	\$1000/\$3000	\$1000/\$3000	\$2000/\$4000	\$4000/\$8000	\$3000/\$6000
Hosp, Surg, X-Ray and Lab:	100%	100%	80%	80%	80%	80%
Doctor Visits:	100%	\$20 co pay	\$20 co pay	\$30 co pay	\$40 co pay	\$20 co pay
Other Professional:	100%	100%	80%	80%	80%	80%
Out-of-Network Payment:	Non-Par Fee	Non-Par Fee	Non-Par Fee	Non-Par Fee	Non-Par Fee	Not Covered
Behavioral Health Plan:	100%	100%	80%	80%	80%	80%
Navitus Prescription Drug Co-Pay:	\$10-\$35 \$0-\$90	\$10-\$35 \$0-\$90	\$10-\$35 \$0-\$90	\$10-\$35 \$0-\$90	\$10-\$35 \$0-\$90	Kaiser Rx \$10-\$30 \$20-\$60
With Name Brand Rx Deductible	\$200/\$500	\$200/\$500	\$200/\$500	\$200/\$500	\$200/\$500	\$0

Monthly Rate	\$539.42	\$328.67	\$254.42	\$115.67	\$0.00	\$22.67
Please initial your choice of monthly rate deduction.						

I understand that the only time that I may change from one medical plan to another plan is during the district's next designated Open Enrollment Period from and effective date of October 1, 2024. If I gain a new dependent (i.e. marriage, birth, or adoption), I can add those dependents by completing a change from, but I cannot change from one medical plan to another medical plan at any time except during the Open Enrollment Period for an effective date of October 1, 2024.

Annual CAP: 15553

Print Your Name Clearly

Signature

Date