

Merced City School District
Classified - Health Benefits Options
Active - 12 Month
October 1, 2025 - September 30, 2026

Classified	40544D High - A	40545H High - B	40544E Medium	40544F Low	40545F 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	\$1,421.75	\$1,107.75	\$996.75	\$789.75	\$382.75	\$651.75
Please initial your choice of monthly rate deduction.						

Annual CAP: 14997

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. If I gain a new dependent (i.e. marriage, birth, or adoption), I can add those dependents within 30 days by completing a change form, but I cannot change from one medical plan to another medical plan at any time except during the Open Enrollment Period with an effective date of October 1.

Print Your Name Clearly

Signature

Date