

Merced City School District						
Certificated - Health Benefits Options						
Active - 12 Month						
October 1, 2025 - September 30, 2026						
	40544A	40545G	40544B	40544C	40545D	
	High - A	High - B	Medium	Low	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	\$1,246.25	\$932.25	\$821.25	\$614.25	\$207.25	\$476.25
Please initial your choice of monthly rate deduction.						
Annual CAP: 17103.00	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 with an effective date of October 1. If I gain a new dependent (i.e. marriage, birth, or adoption), I can add those dependents 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 for an effective date of October 1.					