



## Merced City School District

### Classified - Health Benefits Options

Active - 11 Month

October 1, 2026 - September 30, 2027

Please note rates are subject to change until union negotiations are finalized

Plan:  
Individual/Family Deductible(s):  
Out-of-Pocket Maximum:  
Hosp, Surg, X-Ray and Lab:  
Doctor Visits:  
Other Professional:  
Out-of-Network Payment:  
Behavioral Health Plan:  
Navitus Prescription Drug Co-Pay:  
With Name Brand Rx Deductible

| 40544D<br>High A   | 40545H<br>High B   | 40544E<br>Medium   | 40544F<br>Low      | 40545F<br>Low 2    | 606394-0063ALN<br>Kaiser         |
|--------------------|--------------------|--------------------|--------------------|--------------------|----------------------------------|
| PBC 100-A \$0      | PBC 100-G \$20     | PBC 80-C \$20      | PBC 80-G \$30      | PBC 80-M \$40      | DHMO 1000                        |
| \$0/\$0            | \$500/\$1000       | \$200/\$500        | \$500/\$1000       | \$3000/\$6000      | \$1000/\$2000                    |
| \$1000/\$3000      | \$1000/\$3000      | \$1000/\$3000      | \$2000/\$4000      | \$4000/\$8000      | \$3000/\$6000                    |
| 100%               | 100%               | 80%                | 80%                | 80%                | 80%                              |
| 100%               | \$20 co pay        | \$20 co pay        | \$30 co pay        | \$40 co pay        | \$20 co pay                      |
| 100%               | 100%               | 80%                | 80%                | 80%                | 80%                              |
| Non-Par Fee        | Non-Par Fee        | Non-Par Fee        | Non-Par Fee        | Non-Par Fee        | Not Covered                      |
| 100%               | 100%               | 80%                | 80%                | 80%                | 80%                              |
| \$10-\$35 \$0-\$90 | \$10-\$35 \$0-\$90 | \$10-\$35 \$0-\$90 | \$10-\$35 \$0-\$90 | \$10-\$35 \$0-\$90 | Kaiser Rx<br>\$10-\$30 \$20-\$60 |
| \$200/\$500        | \$200/\$500        | \$200/\$500        | \$200/\$500        | \$200/\$500        | \$0                              |

Monthly Rate^

|            |            |            |            |          |          |
|------------|------------|------------|------------|----------|----------|
| \$1,925.18 | \$1,535.73 | \$1,399.36 | \$1,143.00 | \$637.91 | \$944.45 |
|            |            |            |            |          |          |

Please initial your choice of monthly rate deduction

Annual CAP: \$14,997

I understand that the only time I may elect a new benefit plan option is during the district's designated Open Enrollment period with an effective date of October 1. Spouse/Domestic partner and children additions and terminations can ONLY be made during Open Enrollment. Benefit plan and dependent changes may occur outside of Open Enrollment if the employee experiences a qualifying event (i.e. marriage, divorce, birth, adoption or loss of coverage). The employee may make the following changes within 31 days of the qualifying event by completing a SISC Membership change form and providing the required documentation. Please note changes outside of Open enrollment are subject to SISC approval. \*Rates are subject to change.

^Monthly Rate is a composite rate (one rate for all contract types: single, two-party, family). Rate includes dental and vision premiums.

**Delta Dental PPO Incentive with Orthodontic**

[Visitdeltadentalins.com](http://Visitdeltadentalins.com) for Providers and ID cards

**VSP Vision Care**

[Visitvsp.com](http://Visitvsp.com) for Providers and ID Cards