



Merced City School District

Management- 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

40545A High A	40876A High B	40545B Medium	40545C Low	40545E Low 2	606394-0063AMN 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 \$10-\$30 \$20-\$60
\$200/\$500	\$200/\$500	\$200/\$500	\$200/\$500	\$200/\$500	\$0

Monthly Rate^

\$1,916.64	\$1,527.18	\$1,390.82	\$1,134.45	\$629.36	\$935.91

Please initial your choice of monthly rate deduction

Annual CAP: \$15,091

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

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VSP Vision Care

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