



Merced City School District
Certificated - Health Benefits Options
Active Married Couples - 12 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

40544A High A	40545G High B	40544B Medium	40544C Low	40545D Low 2	606394-0063ACN 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^	\$869.25	\$601.50	\$507.75	\$331.50	\$0.00	\$195.00
Please initial your choice of monthly rate deduction						

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

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

Annual CAP: \$17,103