Open Enrollment: October 13 – November 20, 2026

If you currently have medical, dental or vision insurance, or want to enroll, or have declined medical coverage in the past, please read this important information.

Dear MCSIG Member,

The MCSIG Executive Board approved the following changes for the 2027 plan year, effective January 1, 2027.

Annual Premium Increases:

- 9.3% increase to PPO$25, PPO$40, PPO$60, PPO Select (Preferred Rates)
- 4.4% increase to Kaiser Low, Medium & High
- 7.2% increase to Trio HMO
- 1.8% increase to Vision Service Plan (VSP)
- No rate increase for Delta Dental

Your updated premium amounts will begin with your January 30, 2027, paycheck.

MCSIG Virtual Presentations

The zoom link can be found on the SCESD/Benefits webpage.

- October 15 at 3:30 p.m. - 4:30 p.m.
- October 27 at 4 p.m. - 5 p.m.

Re-verifying Employee Opt-outs

If you opt out of MCSIG medical coverage, you MUST provide proof of other active medical non-MCSIG coverage again for the 2027 plan year.

Please submit a copy of your current medical insurance card showing your name or a letter from your current non-MCSIG insurance provider. This documentation is required to ensure your records remain accurate and that claims are processed correctly.

If proof of other active medical coverage is not provided by the open enrollment deadline, you will be automatically enrolled in the MCSIG PPO $60 medical plan effective January 1, 2027.

MCSIG requires all districts to re-verify employee medical opt-outs in accordance with the Minimum Coverage Policy. Please refer to the SCESD Benefits webpage for additional information.

If you do not have other coverage & are eligible, open enrollment is your opportunity to enroll!

Please review your options and make any desired changes by November 20. If you do not wish to change your plan, **NO ACTION FROM YOU IS NEEDED**, your current plans will roll over but have a new premium.

Any changes or new enrollments will take effect on January 1, 2027. The updated premium amounts will be reflected on January 30, 2027, paycheck.

To schedule a Google Meet or in-person appointment with Yolanda Salazar, please refer to the SCESD/Benefits webpage and click on the YouCanBook.Me link or use this QR code.

During open enrollment period:

- You may elect to change your current medical and/or dental plan
- As an active employee, you may add eligible dependents to medical, vision and dental coverage.
- Employees eligible for coverage may enroll at this time if they haven't already

Do I need to provide any documents?

If you add dependents to your coverage, you must provide supporting documentation for all dependents. The supporting documentation needed is based on the type of dependent you will be adding or removing (copies, no originals):

- Spouse: County or state certified marriage certificate and social security card
- Child: County or state certified birth or adoption certificate, and social security card. Up to the age 26 or older if the child is disabled and incapable of self-support due to a mental or physical disability. A child is defined as your natural biological child, stepchild, legally adopted child, legal guardianship, or a child for whom you are required to provide health insurance by a Qualified Medical Child Support Order.
- Domestic Partner (same & opposite sex): State Certificate of Registered Domestic Partners and social security card
- Divorce decree: Court order that finalizes a marriage

Kaiser

Please refer to the SCESD/Benefits webpage for plan summaries.

Who do I call if I have questions about my plan benefits?

- MCSIG Customer Service at (831) 755-8055 or (800) 287-1442
- Yolanda Salazar at (831) 784-2218 or email at yolanda.salazar@salinascityesd.org

Change forms or enrollment forms must be provided to Yolanda Salazar by email (NO PICTURES), inter-district mail, or dropped off no later than 4:30 p.m. on November 20, 2026.

Important Dates

- October 13, 2026 — Open Enrollment begins
- October 15 & 27, 2026 — MCSIG Virtual Presentations
- November 11, 2026 — District Office closed
- **November 20, 2026 — Open Enrollment deadline**
- January 1, 2027 — New coverage and plan changes become effective
- January 30, 2027 — Updated premiums reflected on paycheck

Municipalities, Colleges, Schools Insurance Group (MCSIG)

ACTIVE CERTIFICATED & MANAGEMENT EMPLOYEES

JANUARY - DECEMBER 2027 RATES

MEDICAL PLAN	DEPENDENTS	ANNUAL PREMIUM	ANNUAL DISTRICT CONTRIBUTION	MONTHLY EMPLOYEE COST (10 MONTH)	MONTHLY EMPLOYEE COST (11 MONTH)	MONTHLY EMPLOYEE COST (12 MONTH)
PPO $25	Employee Only	$ 22,488.00	$ 11,040.00	$ 1,144.80	$ 1,040.73	$ 954.00
	Employee + 1	$ 44,868.00	$ 16,260.00	$ 2,860.80	$ 2,600.73	$ 2,384.00
	Family	$ 58,272.00	$ 21,120.00	$ 3,715.20	$ 3,377.45	$ 3,096.00
PPO $40	Employee Only	$ 17,064.00	$ 11,040.00	$ 602.40	$ 547.64	$ 502.00
	Employee + 1	$ 34,068.00	$ 16,260.00	$ 1,780.80	$ 1,618.91	$ 1,484.00
	Family	$ 44,232.00	$ 21,120.00	$ 2,311.20	$ 2,101.09	$ 1,926.00
PPO $60	Employee Only	$ 14,412.00	$ 11,040.00	$ 337.20	$ 306.55	$ 281.00
	Employee + 1	$ 28,656.00	$ 16,260.00	$ 1,239.60	$ 1,126.91	$ 1,033.00
	Family	$ 37,260.00	$ 21,120.00	$ 1,614.00	$ 1,467.27	$ 1,345.00
PPO Select	Employee Only	$ 12,348.00	$ 11,040.00	$ 130.80	$ 118.91	$ 109.00
	Employee +1	$ 24,540.00	$ 16,260.00	$ 828.00	$ 752.73	$ 690.00
	Family	$ 31,884.00	$ 21,120.00	$ 1,076.40	$ 978.55	$ 897.00
Trio HMO	Employee Only	$ 15,000.00	$ 11,040.00	$ 396.00	$ 360.00	$ 330.00
	Employee + 1	$ 32,280.00	$ 16,260.00	$ 1,602.00	$ 1,456.36	$ 1,335.00
	Family	$ 39,864.00	$ 21,120.00	$ 1,874.40	$ 1,704.00	$ 1,562.00
Kaiser Low	Employee Only	$ 11,352.00	$ 11,040.00	$ 31.20	$ 28.36	$ 26.00
	Employee + 1	$ 22,560.00	$ 16,260.00	$ 630.00	$ 572.73	$ 525.00
	Family	$ 31,884.00	$ 21,120.00	$ 1,076.40	$ 978.55	$ 897.00
Kaiser Medium	Employee Only	$ 12,552.00	$ 11,040.00	$ 151.20	$ 137.45	$ 126.00
	Employee + 1	$ 24,972.00	$ 16,260.00	$ 871.20	$ 792.00	$ 726.00
	Family	$ 35,280.00	$ 21,120.00	$ 1,416.00	$ 1,287.27	$ 1,180.00
Kaiser High	Employee Only	$ 14,568.00	$ 11,040.00	$ 352.80	$ 320.73	$ 294.00
	Employee +1	$ 29,004.00	$ 16,260.00	$ 1,274.40	$ 1,158.55	$ 1,062.00
	Family	$ 40,980.00	$ 21,120.00	$ 1,986.00	$ 1,805.45	$ 1,655.00

***The 9.3%% increase is added to the Annual Premium**

Municipalities, Colleges, Schools Insurance Group (MCSIG)

ACTIVE CLASSIFIED & CONFIDENTIAL EMPLOYEES

JANUARY - DECEMBER 2027 RATES

MEDICAL PLAN	DEPENDENTS	ANNUAL PREMIUM	ANNUAL DISTRICT CONTRIBUTION	MONTHLY EMPLOYEE COST (11 MONTH)	MONTHLY EMPLOYEE COST (12 MONTH)
PPO $25	Employee Only	$ 22,488.00	$ 11,040.00	$ 1,040.73	$ 954.00
	Employee + 1	$ 44,868.00	$ 18,128.00	$ 2,430.91	$ 2,228.33
	Family	$ 58,272.00	$ 23,492.00	$ 3,161.82	$ 2,898.33
PPO $40	Employee Only	$ 17,064.00	$ 11,040.00	$ 547.64	$ 502.00
	Employee + 1	$ 34,068.00	$ 18,128.00	$ 1,449.09	$ 1,328.33
	Family	$ 44,232.00	$ 23,492.00	$ 1,885.45	$ 1,728.33
PPO $60	Employee Only	$ 14,412.00	$ 11,040.00	$ 306.55	$ 281.00
	Employee + 1	$ 28,656.00	$ 18,128.00	$ 957.09	$ 877.33
	Family	$ 37,260.00	$ 23,492.00	$ 1,251.64	$ 1,147.33
PPO Select	Employee Only	$ 12,348.00	$ 11,040.00	$ 118.91	$ 109.00
	Employee +1	$ 24,540.00	$ 18,128.00	$ 582.91	$ 534.33
	Family	$ 31,884.00	$ 23,492.00	$ 762.91	$ 699.33
Trio HMO	Employee Only	$ 15,000.00	$ 11,040.00	$ 360.00	$ 330.00
	Employee + 1	$ 32,280.00	$ 18,128.00	$ 1,286.55	$ 1,179.33
	Family	$ 39,864.00	$ 23,492.00	$ 1,488.36	$ 1,364.33
Kaiser Low	Employee Only	$ 11,352.00	$ 11,040.00	$ 28.36	$ 26.00
	Employee + 1	$ 22,560.00	$ 18,128.00	$ 402.91	$ 369.33
	Family	$ 31,884.00	$ 23,492.00	$ 762.91	$ 699.33
Kaiser Medium	Employee Only	$ 12,552.00	$ 11,040.00	$ 137.45	$ 126.00
	Employee + 1	$ 24,972.00	$ 18,128.00	$ 622.18	$ 570.33
	Family	$ 35,280.00	$ 23,492.00	$ 1,071.64	$ 982.33
Kaiser High	Employee Only	$ 14,568.00	$ 11,040.00	$ 320.73	$ 294.00
	Employee +1	$ 29,004.00	$ 18,128.00	$ 988.73	$ 906.33
	Family	$ 40,980.00	$ 23,492.00	$ 1,589.82	$ 1,457.33

***The 9.3%% increase is added to the Annual Premium**

MCSIG
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Municipalities, Colleges, Schools Insurance Group

2027 Medical Comparison Chart

Participant's share of (You Pay): **Network:** Blue Shield **/ Claims Processing:** Delta Health Systems	**PPO $25**	**PPO $40**	**PPO $60** **High Deductible Health Plan**	**PPO Select**	**Trio HMO**	**CompleteCare** Medical Expense Reimbursement Plan
Deductibles (Individual/Family)[1]	**$1,000 / 2x**	**$1,650 / 2x**	**$6,000 Integrated with Med/Rx Deductible, Per Person**	**$1,300 / 2x**	**$1,500 / 2x Applies Only to Inpatient and Outpatient Hospital and Ambulatory Surgical Center**	**Contact your Benefit Representative for more information**
Coinsurance - Network	**25%**	**30%**	**30%**	**25%**	**15% -25%**	
Coinsurance - Out Network	40%	50%	No out of network coverage. Deducible must be met first.	No out of network coverage. No coverage for Monterey County hospitals and their owned facilities (except SVMH)	No out of network coverage.	(877) 872-4232 or email completecare@catilizehealth.com
Out-of-Pocket Co-Ins Maximums-Single In Network[2]	**$6,000**	**$6,500**	**$7,500**	**$7,500**	**$3,000**	**$10,600 Single per year Annual Reimbursement**
Out-of-Pocket Co-Ins Maximums - Family In Network[2]	2 x Individual	2 x Individual	Per person	2 x Individual	2 x Individual	**$21,200 Family per year Annual Reimbursement**
Out-Network Co-Insurance Maximums[2]	$7,000 / 2 x Ind.	$13,000 / 2 x Ind	No out of network coverage	No out of network coverage	No out of network coverage	For more information on this plan contact your District Benefit Representative
Inpatient Hospital Coinsurance (In-Network)*	$250 copay + 25%	$250 copay + 30%	$250 copay + 30%	25%	25%	
Inpatient Hospital Coinsurance (Out-Network)*	40%	50%	No out of network coverage	No out of network coverage	No out of network coverage	
Separate Hospital ER Co-Pay (waived if admitted)	$500 ER Room	$500 ER Room	Emergency Services Only $500 ER Room	Emergency Services Only $500 ER Room	Emergency Services Only $150 ER Room	
Ground/Air Ambulance*	25%	30%	30%	25%	$100 Copay	
Physician Benefits	In-Net/Out-Net	In-Net/Out-Net	In-Network Only	In-Network Only	In-Network Only	
Surgery/Anesthesia*	25% / 40%	30% / 50%	30%	25%	15% - 30%[3]	
Hospital Visits*	25% / 40%	30% / 50%	30%	25%	0%	
Office Visits	**$25 / 40%**	**$40 / 50%**	**$60**	**$25**	**$20**	
Specialist Visits	$40 / 40%	$60 / 50%	$70	$40	$20	
Physical Exams	0% /40%	0% /50%	0%	0%	0%	
Mental Health/Substance Abuse	25% / 40%	30% / 50%	30%	25%	$20 visit / $0 for some services	
Outpatient Diagnostic X-ray and Lab Work	25% / 40%	30% / 50%	30%	25%	$0	
Radiology at Free standing facilities (non-hospital owned)	$0 / 40%	$0 / 50%	$0	$0	$0	
Acupuncture (Any Licensed Acupuncturist)	$2,000 per year	$2,000 per year	$2,000 per year	$2,000 per year	No Coverage	
Prescription Drugs						
Out-of-Pocket Copay Max - Single In Network	$1,800	$1,800	$1,800	$1,800	Included with OOP Max above	
Out-of-Pocket Copay Max - Family In Network	$3,600	$3,600	$3,600	$3,600	Included with OOP Max above	
Mail-Generic/Preferred/Brand (NonFormulary), 90 Day Supply	**$0 / $50 / $90**	**$0 / $50 / $90**	**$75**	**$0 / $50 / $90**	**$20 / $60 / $100**	
Retail-Generic/Preferred/Brand (NonFormulary), 30 Day Supply	$10 / $25 / $45	$10 / $25 / $45	$25	$10 / $25 / $45	$10 / $30 / $50	
Retail/Maint.-Gen./Pref./Brand (NonFormulary), 60 Day Supply	$15 / $40 / $60	$15 / $40 / $60	$50	$15 / $40 / $60	(90 Day Supply) $30 / $90 /$150	
Specialty, 30 Day Supply	$25 / $75 / $125	$25 / $75 / $125	$225	$25 / $75 / $125	20% to $250 / $20% to $500 90 Day Mail / 20% to $750 90 Day Retail	
Chiropractic Care - CHPC.com (in-network only)	**$10 copay**				No Coverage	
Transcarent Surgery Benefit Management Program (required for PPO25, PPO40, PPO60, and Select Plan)	**Members must coordinate their surgeries with Transcarent at (855) 586-2744. Non-compliance will result in 100% claim denial. Surgeries under Transcarent are covered at 100%. This requirement does not apply to surgeries resulting from an emergency room visit.**					

Chart is for Comparison only; Plan Document prevails
Co-payments, Co-insurance and Deductibles apply toward out-of-pocket maximum
*Subject to deductible
[1] 2x = family deductible is met by two individuals
[2]Includes deductible

INFORMATION & VALUE ADDED BENEFITS 2027

Municipalities, Colleges, Schools Insurance Group

Medical Plans

MCSIG Customer Service
(831) 755-8055 or (800) 287-1442

Eligible Plans: PPO25, PPO40, PPO60, PPO250, PPO Select

Benefit	For what	Website	Who to Call	Copay	Description
Acupuncture	**Acupuncture Care**	blueshieldca.com	**(800) 287-1442**	**$0**	$2,000 per year coverage, per person
Altais Medical Group	**Primary Care & Pediatrics**	Altais Medical Group	**(831) 652-8150**	**Plan copay**	Primary care and pediatrics. Located at 535 E. Romie Lane, Suite, Salinas, CA.
Blue Shield	**Search for providers**	blueshieldca.com	**(800) 287-1442**	**N/A**	Search for providers by name, facility, medical group or specialty
Chiropractic Health Plan of Ca.	**Chiropractic Care**	chpc.com	**(800) 995-2442**	**$10**	Low co-pay for each visit
Delta Health Systems	**Access to Explanation of Benefits, eff. 7/1/25 and ID cards.**	DHS	**(800) 287-1442**	**N/A**	Processes MCSIG medical claims for all PPO plans and issues ID cards. For access to EOBs eff. 7/1/25 or to order new ID cards, register at the DHS website.
Express Scripts	**Prescription Home Delivery**	Express-Scripts.com	**(800) 698-3757**	**$0 Generic**	Generic prescription drugs for free up to 90 day supply.
Headway	**In-person or Virtual Therapy**	Headway	**N/A**	**Plan copay**	Therapy, psychiatry, and medication management. Ages 18+
Health Education Class Subsidies	**Discounted rates on health educational classes**	mcsig.com	**(831) 755-0161**	**Varies**	50% of health education classes are paid by MCSIG with at least 80% participation.
TELUS via NIS	**Employee Assistance Program (EAP)**	NISBenefits.com	**(888) 319-7819**	**$0**	Solution-focused counseling, work-life services, trauma support, and more
Madison National Life	**Life Insurance & AD&D**		**(831) 755-0161**	**N/A**	Active Members: $25,000 Life insurance coverage with medical plan. Retirees: $5,000.
Montage Orthopedics & Sports Medicine	**Orthopedic Urgent Care**	Montage Health	**(831) 648-7265**	**Plan copay**	Orthopedic Urgent Care. Note:Blue Shield Plan design applies.
Mood with Salinas Valley Health	**Online mental health clinic**	Mood Health	**(619) 639-9738**	**Plan copay**	Therapy, psychiatry, and medication management. Ages 18+
Transcarent	**Single sign-on platform to MCSIG benefits**	Transcarent	**(855) 586-2744**	**$0**	Access to all of your MCSIG benefits.
Telehealth - General Medical	Chat, talk or video with a doctor in under a minute, 24/7			**$0**	24/7 virtual doctor visits, dermatology, prescriptions when medically necessary (RX copay applies)
Cancer Care	Access to Oncology Nurse Navigator to obtain 100% cancer related treatment.			**$0**	100% coverage for cancer surgery, radiation, chemotherapy, and CAR T-cell therapy. Free access to an Oncology Nurse Navigation through cancer care journey
Surgery Care	Planned surgeries: Bariatric, Cardiac, General, Orthopedic, Spine, Women's Health			**$0**	Care Allowance $500 to $4,500 for out of Monterey county surgeries. Care Coordinators guide you through the surgery process from beginning to end.
Health Guides	Certified coaches, wellness educators and advocates			**$0**	Benefit guidance, personalized coaching, stress management, or booking of appointments with in-network doctors
Virtual Physical Care	Physical therapy for chronic back, neck or joint pain			**$0**	Recover at home with a virtual program supported by a personal physical therapist.
Expert Medical Guidance	Expert second medical and surgical opinions			**$0**	Talk to top doctors to get the right diagnosis and treatment options for your needs.
TruHearing	**Hearing aid discounts**	truhearing.com/vsp	**(877) 396-7194**	**$45**	Save up to 60% on a pair of hearing aids, dependents and extended family members are eligible too.

COMPLETECARE REIMBURSEMENT PROGRAM & KAISER PERMANENTE:

Benefit	For what	Website	Who to Call	Copay	Incentive
National Insurance Services	**Employee Assistance Program (EAP)**	NISEAP (Password: EAP)	**(866) 451-5465**	**$0**	Solution-focused counseling, work-life services, trauma support, and more.
Madison National Life	**Life Insurance & AD&D**		**(831) 755-0161**	**N/A**	Active Members: $25,000 Life insurance coverage with medical plan. Retirees: $5,000.

Revised 9-15-26

Municipalities, Colleges, Schools Insurance Group (MCSIG)

All ACTIVE EMPLOYEES

JANUARY - DECEMBER 2027 RATES

DENTAL PLANS	DEPENDENTS	ANNUAL PREMIUM	ANNUAL DISTRICT CONTRIBUTION	MONTHLY EMPLOYEE COST (10 MONTH)	MONTHLY EMPLOYEE COST (11 MONTH)	MONTHLY EMPLOYEE COST (12 MONTH)
Low $1000	Employee Only	$ 588.00	$ 624.00	-	-	-
	Employee + 1	$ 1,080.00	$ 1,140.00	-	-	-
	Family	$ 1,740.00	$ 1,836.00	-	-	-
Med $1500	Employee Only	$ 636.00	$ 624.00	**$ 1.20**	**$ 1.09**	**$ 1.00**
	Employee + 1	$ 1,176.00	$ 1,140.00	**$ 3.60**	**$ 3.27**	**$ 3.00**
	Family	$ 1,908.00	$ 1,836.00	**$ 7.20**	**$ 6.55**	**$ 6.00**
High $2000	Employee Only	$ 708.00	$ 624.00	**$ 8.40**	**$ 7.64**	**$ 7.00**
	Employee + 1	$ 1,284.00	$ 1,140.00	**$ 14.40**	**$ 13.09**	**$ 12.00**
	Family	$ 2,112.00	$ 1,836.00	**$ 27.60**	**$ 25.09**	**$ 23.00**
Grand $2500	Employee Only	$ 780.00	$ 624.00	**$ 15.60**	**$ 14.18**	**$ 13.00**
	Employee + 1	$ 1,416.00	$ 1,140.00	**$ 27.60**	**$ 25.09**	**$ 23.00**
	Family	$ 2,328.00	$ 1,836.00	**$ 49.20**	**$44.73**	**$ 41.00**
VISION PLAN C	**DEPENDENTS**	**ANNUAL PREMIUM**	**ANNUAL DISTRICT CONTRIBUTION**	**EMPLOYEE COST (10 MONTH)**	**EMPLOYEE COST (11 MONTH)**	**EMPLOYEE COST (12 MONTH)**
Certificated & Management	Employee Only	$ 156.00	$ 144.00	**$ 1.20**	**$ 1.09**	**$ 1.00**
	Employee + 1	$ 252.00	$ 240.00	**$ 1.20**	**$ 1.09**	**$ 1.00**
	Family	$ 456.00	$ 420.00	**$ 3.60**	**$ 3.27**	**$ 3.00**
Classified & Confidential	Employee Only	$ 156.00	$ 147.96	**$ 0.80**	**$ 0.73**	**$ 0.67**
	Employee + 1	$ 252.00	$ 247.44	**$ 0.46**	**$ 0.41**	**$ 0.38**
	Family	$ 456.00	$ 443.88	**$ 1.21**	**$1.10**	**$ 1.01**

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2027
Municipalities, Colleges, Schools Insurance Group
Dental Plans Comparison

Your Dental Plan at a Glance	Grand Option Plan	High Option Plan	Medium Option	Low Option
Annual Maximum Benefit	$2,500 per person	$2,000 per person	$1,500 per person	$1,000 per person
Diagnostic and Preventive Benefits • Oral examination • X-rays • Biopsy/tissue examination • Prophylaxis (cleaning) • Fluoride treatment • Space maintainers • Specialist consultation	70% of Delta Dentist's fee*	70% of Delta Dentist's fee*	70% of Delta Dentist's fee*	70% of Delta Dentist's fee*
Basic Benefits • Oral surgery (extractions including surgical removal of teeth) • Restorative (fillings) for treatment of carious lesions (visible destruction of hard tooth structure resulting from dental decay • Endodontics (root canal therapy) • Periodontics (treatment of gums and bones supporting teeth)	70% of Delta Dentist's fee*	70% of Delta Dentist's fee*	70% of Delta Dentist's fee*	70% of Delta Dentist's fee*
Crowns, Jackets and Cast Restorations For treatment on carious lesions (visible destruction of hard tooth structure resulting from dental decay) which cannot be restored with amalgam, synthetic or plastic restorations	70% of Delta Dentist's fee*	70% of Delta Dentist's fee*	70% of Delta Dentist's fee*	70% of Delta Dentist's fee*
Prosthodontic Benefits • Bridges (fixed and removable) • Partial dentures (subject to a maximum allowance) • Full dentures (subject to a maximum allowance	70% of Delta Dentist's fee	70% of Delta Dentist's fee	70% of Delta Dentist's fee	50% of Delta Dentist's fee
Orthodontia Optional; enrollment required by entire employee group, not available as an individual choice	50% up to $2,000 lifetime	50% up to $2,000 lifetime	50% up to $2,000 lifetime	50% up to $2,000 lifetime

* Delta pays 70% of the approved fees for covered diagnostic, preventative, basic, cast and crown benefits during the first year you are eligible. This percentage will increase 10% each year to a maximum of 100%, provided you visit the dentist at least once during the year. If you do not see the dentist for any services in the calendar year, your coverage will drop by 10% increments annually, until the minimum of 70%. If you become ineligible for benefits and later regain eligibility, the percentage will drop back to 70%.

Delta Dental Customer Service: 866-499-3001 / To find a Delta Dental provider, visit deltadentalins.com **MCSIG Customer Services: 831-755-8055 or toll free 800-287-1442**

Your VSP Benefits Summary

With a VSP plan through MCSIG PLAN C, you get affordable vision coverage for glasses, contacts, and more.

Provider Network:
VSP Signature

vsp vision care

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP DOCTOR			
WELLVISION EXAM	• Focuses on your eyes and overall wellness • Routine retinal screening	$10 for exam and glasses Up to $39	Every 12 months
ESSENTIAL MEDICAL EYE CARE	• Retinal imaging for members with diabetes covered-in-full • Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. • Coordination with your medical coverage may apply. Ask your VSP network doctor for details.	$5 per exam	Available as needed
PRESCRIPTION GLASSES			
FRAME+	• $190 Featured Frame Brands allowance • $170 frame allowance • 20% savings on the amount over your allowance • $95 Walmart/Sam's Club/Costco frame allowance	Combined with exam	Every 12 months
LENSES	• Single vision, lined bifocal, and lined trifocal lenses • Impact-resistant lenses for dependent children	Combined with exam	Every 12 months
LENS ENHANCEMENTS	• Progressive lenses • Tints/Light-reactive lenses • Average savings of 40% on other lens enhancements	$0 $0	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	• $170 allowance for contacts and contact lens exam (fitting and evaluation) • 15% savings on a contact lens exam (fitting and evaluation)	$0	Every 12 months
ADDITIONAL SAVINGS	**Glasses and Sunglasses** • Discover all current eyewear offers and savings at **vsp.com/offers**. • 30% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% savings from a VSP provider within 12 months of your last WellVision Exam. • Get 20% off eyewear on eyeconic.com just for being a VSP member.		
	Laser Vision Correction • Average of 15% off the regular price; discounts available at contracted facilities. • After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor		
	Exclusive Member Extras for VSP Members • Contact lens rebates, lens satisfaction guarantees, and more offers at **vsp.com/offers**. • Save up to 60% on digital hearing aids with TruHearing®. Visit **vsp.com/offers/special-offers/hearing-aids** for details. • Enjoy everyday savings on health, wellness, and more with VSP Simple Values.		

COVERAGE WITH AN OUT-OF-NETWORK DOCTOR

Your plan provides the following out-of-network reimbursements:

Exam ..... up to $50	Lined Bifocal Lenses ..... up to $75	Contacts ..... up to $105
Frame ..... up to $70	Lined Trifocal Lenses ..... up to $100	Tints ..... up to $5
Single Vision Lenses ..... up to $50	Progressive Lenses ..... up to $85	

Maximize your benefits at an in-network location. Log in to **vsp.com** to choose an in-network doctor near you, including our large network of private practice and retail locations.

NIS
National Insurance Services

Client Focused. Solution Driven.



Embedded Employee Assistance Program (EAP)

With Claimant Assist: Special Help for Disability Claimants and Life Insurance Beneficiaries

Tackle Absenteeism, Presenteeism, Tardiness, and Low Motivation with Our FREE EAP

When you choose NIS for your Medical, Dental, Life, Disability, and/or Vision Insurance, you are eligible to receive our FREE EAP and Claimant Assist. Your covered employees, disability claimants, and Life Insurance beneficiaries can receive no-cost, confidential help for a wide variety of needs and concerns.

- Alcohol or Drug Addictions
- Anxiety
- Childcare
- Depression
- Eating Disorders
- Eldercare
- Family Conflict
- Financial or Legal Concerns
- Marital Difficulties
- Parenting Concerns
- Problem Gambling
- Relationship Problems
- Stress Management

How the EAP Works

The EAP telephone lines are available 24/7 - no one is sent to an automated system. Each call is answered by a masters-level clinician who manages each case from beginning to end, including follow-up. Solutions may include meeting with a mental health counselor for up to three face-to-face visits, negotiating Medical Insurance benefits, referrals to community resources, attorneys, childcare, eldercare, or financial services.

According to TELUS Health, 79% of callers indicated that their work performance had improved as a result of contacting the EAP.

Claimant Assist

At no charge to NIS customers, this program offers guidance and counseling services to Long Term Disability claimants, their immediate family members and/or Life Insurance beneficiaries. Participants receive access to masters-degreed counselors 24/7, up to three in-person sessions, legal assistance, financial consultation, childcare and eldercare referrals, and memorial planning assistance (for Life Insurance beneficiaries).

Virtual Fitness

Improve employee health and wellness with LIFT session, a virtual fitness platform that is included in the EAP. LIFT provides employees with an easily accessible, effective, and affordable way to reach their fitness goals anytime, anywhere for better health and well-being.

Employees can work out on their own with personalized programs and access coaches if they have questions, or choose to work out under the live supervision of a coach online, in 1-1 personal or group sessions.

Your EAP Service Provider

TELUS Health

TELUS Health is one of the world's largest Employee Assistance Program (EAP) providers. With nearly five decades as an EAP market leader, TELUS Health's approach is focused on innovation and client service excellence. In recent years, it has developed a broad range of clinically-sound digital delivery channels including video counseling, First Chat, and an award winning app, TELUS Health One.

Corporate Headquarters: 300 North Corporate Drive, Suite 300, Brookfield, WI 53045
Offices Nationwide: 800.627.3660 | **www.NISBenefits.com**

©National Insurance Services

[X] MCSIG CHANGE FORM [ ] EMPLOYER'S COBRA FORM

*Employee or Employer representative: Use this form to report certain events to MCSIG as required under provisions of the federal Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). Failure to complete and submit this form in a timely manner may result in a loss of health insurance continuation that are available under COBRA. The notice must be sent back within 10 days after the later of (a) the date of qualifying event, or (b) the date that qualifying beneficiary would lose coverage on account of the qualifying event.

I EMPLOYEE INFORMATION (must be legal name)

Last: _____ First: _____ MI: _____

Birth Date: _____/_____/_____ Social Security _____-_____-_____ District **Salinas City ESD**

Mailing Address Required: _____ _____ _____ _____
Street City State Zip

Email Address: _____@_____ Phone # (____) _____

II DEPENDENT CHANGE Note: You may only add dependents during annual November open enrollment or a special qualifying event

Type "Add" or "Remove" in the box provided next to each dependent's name

Add or Remove	Last Name	First Name	MI	SSN Required	Relationship	Gender (type below)	DOB	MED	DEN	VIS

III BENEFIT PLAN CHANGES

Medical		*Dental - No Ortho*		*Vision*		*Reason for Plan Change*		*OPT-OUT (EE only)*	
PPO25		Low		Plan C		Termination/Resignation		Medical	
PPO40		Med				Date of Last Day Worked		Dental	
PPO60		High				Marriage		Vision	
PPO SELECT		Grand				Retirement		Eff. Date	/ /
KAISER		Low		Med		High		Addition/Loss of Other Coverage		Proof of other coverage must be attached
TRIO HMO								Add Dependents		
COMPLETECARE								Change of Employment		
								Ineligible Dependent		
								Open Enrollment	X	

IV EMPLOYEE NAME CHANGE Note: Copy of social security card is required

Former Last Name _____ Present Last, MI, First _____

V CHANGE OF BENEFICIARY Note: Life insurance is provided with medical plan enrollment only (25K Active / 5K Retiree)

Beneficiary Name	*Beneficiary Address*	*Beneficiary Relationship*	*Percentage = 100%*

COMMENTS

I hereby request the changes hereon to be made and authorize the applicable change in my contributions.

Employee Signature X _____ Date Signed _____ 20____

Employee Representative X _____ Date Signed _____ 20 _____

EMPLOYER USE ONLY

Eff. Date January 1, 2027 Group # 5200

FSA: Yes _____ No _____ Sub group #_____

MCSIG USE ONLY

Posted _____ Date _____ Initial _____

See reverse side for required documentation and important notices if Sections II and/or III are completed.

MY HEALTH PLAN ACKNOWLEDGMENT AND REQUIRED ACTIONS

PPO Select Plan No Out-of-Network Coverage Disclaimer:
I understand that by enrolling in the PPO Select plan, my dependents and I do not have out-of-network coverage. I can search for Blue Shield of California in-network providers by selecting PPO Select as the plan option at: deltahealthsystems.com

Initial _____

PPO Select Plan Disclaimer:
I understand that the PPO Select plan excludes Monterey County hospitals and their owned facilities that bill under the Monterey County hospital's Tax ID #. The excluded hospitals are Community Hospital of the Monterey Peninsula, Natividad Medical Center, and Mee Memorial Hospital. Note: You and your dependents will be covered in the case of a true emergency (e.g., transported by ambulance, severe chest pain, severe wounds, or broken bones). All plan design charges will apply. Please note that the hospital's billing determines whether a visit qualifies as a true emergency. If referred to one of the above hospitals by your doctor, urgent care provider, Transcarent, or any other medical provider, but the bill does not reflect an emergency, call MCSIG Customer Service at (831) 755-8055 to report the referral so that your claim can be reviewed.

Initial _____

PPO Select, PPO25, PPO40, PPO60 Disclaimer:
I understand that I am required to contact Transcarent at (855) 586-2744 for all elective surgeries. When I go through Transcarent, eligible surgeries are covered at no cost to me. If I don't use Transcarent for eligible services, I understand that my claim will be denied in full, as required by the plan. I also understand that I'm encouraged to contact Transcarent for cancer care coordination, where I can get personalized guidance and support throughout my treatment. Once I'm enrolled in one of the PPO plans listed above and my benefits are active, I'll register with Transcarent either online at webapp.transcarent.ai/activate or by downloading the Transcarent app from the App Store or Google Play. For any questions, I can call MCSIG Customer Service at (831) 755-8055, M-F 8 a.m.-5 p.m.

Acknowledgment: Initial _____

By signing below, I confirm that I've reviewed the disclaimers in this document. I understand that I can change plans during Open Enrollment in November for coverage starting January 1. I also understand that I may change plans outside of Open Enrollment if I experience a qualifying life event, such as marriage, divorce, or the birth of a child. To view the full list of qualifying events, refer to your Benefit Booklet at www.mcsig.com under the Health Plans tab.

Insured Legal Last Name: _____ Insured Legal First Name: _____

Insured Signature: _____ Date: _____

NEWBORNS: The member's newborn child is eligible to be enrolled, and the enrollment request must be submitted within **31 days** of the date of birth. Coverage will commence on the date of birth. If a request for enrollment is not received within **31 days** of the date of birth, the newborn child is not eligible to be enrolled for coverage until the annual open-enrollment period or until the employee experiences a qualifying event. A copy of the birth certificate and a Social Security Number are required within **60 days** of the effective date.

REQUIRED DOCUMENTATION* Attach copies of: Certified Marriage Certificate, Domestic Partner State Registration Certificate (Same sex partners or opposite sex partners), Birth Certificates (for ALL dependent children), Adoption (Adoption Placement Papers), Legal Guardianship (final paperwork showing effective date), Proof of enrollment in other medical coverage (for employee to opt-out of medical plan), MCSIG Disabled Dependent Form.

RETURN THIS FORM TO YOUR EMPLOYER BENEFITS DEPARTMENT

*Any required documentation that is not included with the enrollment form will delay the enrollment process.