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# Benefits Summary & Rates for MCS Employees



INSURANCE SERVICES INC

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Plan Status	Kaiser		Health Net			
	Non-Grandfathered		Non-Grandfathered	Grandfathered	Non-Grandfathered	Non-Grandfathered
Group #	602272		J9514A	B1002A	K9557A	K9558A
Plan	Platinum HMO 10	Silver HSA 2500	WholeCare HMO 20	HMO 35	Silver \$50 / \$2,250	Bronze HSA
Deductible Individual		\$2,500			\$2,250	\$7,000
Deductible Family (2 +)	None	\$5000 (\$2800 ind)	None	None	\$4,500	\$14,000
Physician's Office Care						
Office Visit / Specialist	\$10 / \$20	20% after deductible	\$20 / \$40	\$35 / \$35	\$50 / \$85	0% after ded
Adult Preventive Care	No charge	No charge	No charge	\$0-\$35	No charge	No charge
Well Baby Care	No charge	No charge	No charge	\$0 (\$35 after 2 yrs)	No charge	No charge
Labs and Xrays	\$20-\$40	20% after deductible	\$20 - \$150	No Charge	\$50 / \$85	0% after ded
Chiropractic	N/A	N/A	N/A	N/A	\$50 / \$85	0% after ded
Prescription Drugs (Mail Order 2 Times Copay, 90 to 100 Days Supply)						
Generic	\$5 (\$10)	20% after deductible	\$5 (\$10)	\$15 (\$30)	\$17 (\$34)	0% after ded
Brand Name	\$15 (\$30)	20% after deductible	\$30 (\$60)	\$200 ded, then \$30 (\$60)	\$300 ded, then \$70 (\$140)	0% after ded
Hospital Care						
Urgent Care	\$10	20% after deductible	\$40	\$50	\$50 (ded waived)	0% after ded
In-Patient Hospital	\$500 per admit	20% after deductible	\$350/day (3 day max)	30%	30% after ded	0% after ded
Out-Patient Services	\$300	20% after deductible	\$200-\$500 Copay	30%	30% after ded	0% after ded
Hospital Emergency	\$200	20% after deductible	\$200 Copay	\$100 Copay	30% after ded	0% after ded
Maximum Out-of-Pocket						
Individual	\$3,000	\$6,850	\$2,500	\$4,000	\$8,200	\$7,000
Family	\$6,000	\$13,700	\$5,000	\$8,000	\$16,400	\$14,000
Max. Lifetime Benefit	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Enrollment Status						
Total Employee Monthly Rate						
Employee	\$463.07	\$320.26	\$409.02	\$666.12	\$488.91	\$409.36
Employee + Spouse	See reverse	See reverse	See reverse	\$1,539.27	See reverse	See reverse
Employee + Child(ren)	See reverse	See reverse	See reverse	\$1,613.85	See reverse	See reverse
Family	See reverse	See reverse	See reverse	\$2,553.10	See reverse	See reverse

Guardian Dental, Group # 458105		
Benefits	Preferred Provider	Non-Contract Provider
Annual Maximum	\$2,000	
Calendar Year Deductible	\$50	\$75
Preventive Services:		
Exam, X-rays, Cleaning	100%	100% *
General/Basic Services:		
Fillings, Endo, Perio	90%	80% *
Major Services:		
Crowns, Bridges, Dentures	60%	50% *
Orthodontic Services: 50%	Orthodontics Lifetime Maximum	
Child and Adult	\$2,000	
Rollover: Limit \$1,500	\$800 Threshold, \$400 to \$600 rollover each year	
Enrollment Status		
Total Employee Monthly Rate		
Employee	\$82.13	
Employee + Spouse	\$151.96	
Employee + Child(ren)	\$198.25	
Family	\$268.09	



Guardian VSP, Group # 458105		
Benefits	Contract Provider	Non-Contract Provr
Exams	\$10	\$10 + max \$39
Materials	\$25	\$25
Lenses		
Single Vision	100%	\$23
Bifocal	100%	\$37
Trifocal	100%	\$49
Contacts		
Cosmetic	\$130	\$100
Medically Necessary	100%	\$210
Frames	\$130 + 20% disc.	\$46
Benefit Frequency		
Exam	Every 12 Months	
Lenses	Every 12 Months	
Frames	Every 24 Months	
Enrollment Status		
Total Employee Monthly Rate		
Employee	\$12.48	
Employee + Spouse	\$21.04	
Employee + Child(ren)	\$21.45	
Family	\$33.94	

Long Term Disability		Guardian, Group # 458105
LTD Benefit %	60% of Predisability Earnings	
Max. Monthly Benefit	\$6,000 a month	
Elimination Period	180 Days	
Short Term Disability		
Guardian, Group # 458105		
STD* Benefit	66% to a maximum of \$1,000 per week	
Benefits Begin-Duration	8th day to 24 weeks	

LTD is 100% Paid by MCS. \*STD is for admin staff only

Guardian Core Life Insurance - \$25,000 Paid by MCS	
Optum Bank HSA	
2022 / 2023 IRS Annual HSA Limit	
Individual	\$3,650 / \$3,700 *
Family (2 or more)	\$7,300 / \$7,400 *
Over 55 Catch-Up	\$1,000

MCS will deposit \$100 per month into your HSA bank account



These Plans are available on a VOLUNTARY basis	
Colonial Life The benefits of good hard work.	Accident Insurance
	Critical Illness
	Voluntary Life

Long Term Care Insurance	
unum™	Benefit Duration - 3 or 6 Years or Unlimited
	Available for Spouse   Rates based on Age

FSA Plan Year 2022-2023	
Medical FSA Limit - \$2,850, Dep Care FSA \$5,000	

Information provided in this handout is for comparison purposes only and is provided without any coverage guarantees. Refer to the insurance carrier plan summary to verify any specific procedures.



**Rates for Kaiser & HealthNet Non-Grandfathered Plans**

Kaiser & HealthNet Rates Per Month					
Santa Clara County					
Age	Plat HMO	Silver 2500	HMO 25	Silver 45	Bronze HSA
Range	Area 7	Area 7	Area 7	Area 7	Area 7
0-14	\$363.85	\$256.41	\$315.14	\$354.51	\$296.17
15	\$394.95	\$277.95	\$343.15	\$386.03	\$322.50
16	\$406.84	\$286.19	\$353.86	\$398.08	\$332.56
17	\$418.73	\$294.43	\$364.57	\$410.12	\$342.63
18	\$431.53	\$303.31	\$376.10	\$423.10	\$353.47
19	\$430.35	\$298.19	\$387.64	\$436.08	\$364.31
20	\$443.61	\$307.38	\$399.58	\$449.51	\$375.54
21	\$457.33	\$316.88	\$411.94	\$463.42	\$387.15
22	\$457.33	\$316.88	\$411.94	\$463.42	\$387.15
23	\$457.33	\$316.88	\$411.94	\$463.42	\$387.15
24	\$457.33	\$316.88	\$411.94	\$463.42	\$387.15
25	\$459.16	\$318.15	\$413.59	\$465.27	\$388.70
26	\$468.31	\$324.49	\$421.83	\$474.54	\$396.44
27	\$479.28	\$332.09	\$431.71	\$485.66	\$405.74
28	\$497.12	\$344.45	\$447.78	\$503.73	\$420.83
29	\$511.75	\$354.59	\$460.96	\$518.56	\$433.22
30	\$519.07	\$359.66	\$467.55	\$525.98	\$439.42
31	\$530.05	\$367.27	\$477.44	\$537.10	\$448.71
32	\$541.02	\$374.87	\$487.33	\$548.22	\$458.00
33	\$547.88	\$379.63	\$493.51	\$555.17	\$463.81
34	\$555.20	\$384.70	\$500.10	\$562.59	\$470.00
35	\$558.86	\$387.23	\$503.39	\$566.30	\$473.10
36	\$562.52	\$389.77	\$506.69	\$570.00	\$476.20
37	\$566.17	\$392.30	\$509.98	\$573.71	\$479.29
38	\$569.83	\$394.84	\$513.28	\$577.42	\$482.39
39	\$577.15	\$399.91	\$519.87	\$584.83	\$488.59
40	\$584.47	\$404.98	\$526.46	\$592.25	\$494.78
41	\$595.44	\$412.58	\$536.35	\$603.37	\$504.07
42	\$605.96	\$419.87	\$545.82	\$614.03	\$512.98
43	\$620.60	\$430.01	\$559.00	\$628.86	\$525.37
44	\$638.89	\$442.69	\$575.48	\$647.39	\$540.85
45	\$660.39	\$457.58	\$594.84	\$669.17	\$559.05
46	\$686.00	\$475.33	\$617.91	\$695.13	\$580.73
47	\$714.81	\$495.29	\$643.86	\$724.32	\$605.12
48	\$747.74	\$518.11	\$673.52	\$757.69	\$632.99
49	\$780.21	\$540.60	\$702.77	\$790.59	\$660.48
50	\$816.79	\$565.96	\$735.73	\$827.66	\$691.45
51	\$852.92	\$590.99	\$768.27	\$864.27	\$722.04
52	\$892.71	\$618.56	\$804.11	\$904.59	\$755.72
53	\$932.95	\$646.44	\$840.36	\$945.37	\$789.79
54	\$976.40	\$676.55	\$879.50	\$989.40	\$826.57
55	\$1,019.85	\$706.65	\$918.63	\$1,033.42	\$863.35
56	\$1,066.95	\$739.29	\$961.06	\$1,081.15	\$903.23
57	\$1,114.51	\$772.25	\$1,003.90	\$1,129.35	\$943.49
58	\$1,165.28	\$807.42	\$1,049.63	\$1,180.79	\$986.46
59	\$1,190.43	\$824.85	\$1,072.28	\$1,206.28	\$1,007.76
60	\$1,241.19	\$860.02	\$1,118.01	\$1,257.71	\$1,050.73
61	\$1,285.10	\$890.45	\$1,157.56	\$1,302.20	\$1,087.90
62	\$1,313.91	\$910.41	\$1,183.51	\$1,331.40	\$1,112.29
63	\$1,350.04	\$935.44	\$1,216.05	\$1,368.01	\$1,142.87
64+	\$1,371.99	\$950.64	\$1,235.82	\$1,390.26	\$1,161.45

**EMPLOYEE RATE**

Enter your age here \_\_\_\_\_

Find your rate from left the left grid \_\_\_\_\_

**A**

Your rate if enrolled single is A \_\_\_\_\_

**EMPLOYEE + SPOUSE RATE**

Enter your spouses age here \_\_\_\_\_

Find spouse's rate from the left grid \_\_\_\_\_

**B**

Your rate for you and your spouse is (A + B) \_\_\_\_\_

**EMPLOYEE PLUS CHILDREN**

Enter your first child's age here \_\_\_\_\_

Find child's rate from the left grid \_\_\_\_\_

**C**

Your rate for your family is (A + B + C) \_\_\_\_\_

Enter your second child's age here \_\_\_\_\_

Find child's rate from the left grid \_\_\_\_\_

**D**

Your rate for your family is (A + B + C + D) \_\_\_\_\_

Enter your third child's age here \_\_\_\_\_

Find child's rate from the left grid \_\_\_\_\_

**E**

Your rate for your family is (A + B + C + D + E) \_\_\_\_\_

*More than three children is no charge (under 19)*

Enter your first child's age here (Age 19-25) \_\_\_\_\_

Find child's rate from the left grid \_\_\_\_\_

**F**

Your rate for your family is (A thru E + F) \_\_\_\_\_

Enter your first child's age here (Age 19-25) \_\_\_\_\_

Find child's rate from the left grid \_\_\_\_\_

**G**

Your rate for your family is (A thru F + G) \_\_\_\_\_

*If enrolling without spouse, then only add up employee plus children rates*