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# Benefits Summary & Rates for MCS Employees

BenefitEdge  
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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   | \$1,179.91        | \$816.02             | \$1,042.18            | \$1,493.24                  | \$1,245.74                   | \$1,043.06        |
| Employee + Spouse  | See reverse       | See reverse          | See reverse           | \$3,108.17                  | See reverse                  | See reverse       |
| Employee + Child(ren)  | See reverse       | See reverse          | See reverse           | \$2,186.16                  | See reverse                  | See reverse       |
| Family   | See reverse       | See reverse          | See reverse           | \$3,490.02                  | 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 Provrdr |
| 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                                  | 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*