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Benefits Summary & Rates for MCS Employees



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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	Silver HSA	WholeCare HMO	GF HMO 35	Silver PPO	Bronze HSA
Deductible Individual	\$2,850		None		\$2,500	\$7,050
Deductible Family (2 +)	None	\$5,700 (\$3,200 ind)	None		\$5,000	\$14,100
Physician's Office Care						
Office Visit / Specialist	\$10 / \$20	25% after deductible	\$20 / \$40	\$35 / \$35	\$55 / \$90	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	25% after deductible	\$20 - \$200	No Charge	\$55 to 25% after ded	0% after ded
Chiropractic	\$15 (20 visits)	Discounts through ASH	N/A	N/A	\$50 / \$85	0% after ded
Prescription Drugs (Mail Order 2 Times Copay, 90 to 100 Days Supply)						
Generic	\$5 (\$10)	25% after deductible	\$5 (\$10)	\$15 (\$30)	\$20 (\$40)	0% after ded
Brand Name	\$15 (\$30)	25% after deductible	\$30 (\$75)	\$200 ded, then \$30 (\$60)	\$300 ded, then \$75 (\$150)	0% after ded
Hospital Care						
Urgent Care	\$10	25% after deductible	\$20	\$50	\$55 (ded waived)	0% after ded
In-Patient Hospital	\$500 per admit	25% after deductible	\$350/day (3 day max)	30%	35% after ded	0% after ded
Out-Patient Services	\$300	25% after deductible	\$200-\$500 Copay	30%	35% after ded	0% after ded
Hospital Emergency	\$200	25% after deductible	\$200 Copay	\$100 Copay	35% after ded	0% after ded
Maximum Out-of-Pocket						
Individual	\$3,000	\$7,500	\$2,500	\$4,000	\$8,600	\$7,050
Family	\$6,000	\$15,000	\$5,000	\$8,000	\$17,200	\$14,100
Max. Lifetime Benefit	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Enrollment Status						
Employee Monthly Cost						
Employee	\$706.46	\$476.57	\$606.64	\$873.33	\$666.38	\$618.50
Employee + Spouse	See reverse	See reverse	See reverse	\$1,987.27	See reverse	See reverse
Employee + Child(ren)	See reverse	See reverse	See reverse	\$1,650.66	See reverse	See reverse
Family	See reverse	See reverse	See reverse	\$2,769.05	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%		
Child and Adult	Orthodontics Lifetime Maximum	
Rollover: Limit \$1,500	\$800 Threshold, \$400 to \$600 rollover each year	
Enrollment Status		
Employee Monthly Cost		
Employee	\$82.13	
Employee + Spouse	\$151.96	
Employee + Child(ren)	\$198.25	
Family	\$268.09	



Guardian VSP, Group # 458105		
Benefits	Contract Provider	Non-Contract Provd
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		
Employee Monthly Cost		
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

These Plans are Grandfathered	
Colonial Life	Accident Insurance
	Critical Illness
	Voluntary Life

Guardian Core Life Insurance - \$25,000 Paid by MCS	
Optum Bank HSA	
2024 / 2025 IRS Annual HSA Limit	
Individual	\$4,150 / \$4,300 *
Family (2 or more)	\$8,300 / \$8,550 *
Over 55 Catch-Up	\$1,000

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



FSA Plan Year 2024-2025	
Medical FSA - \$3,200	
Medical FSA Limit - \$3,200	
Dependent Care FSA \$5,000	
IGOE (800) 633-8818, flex@goigoe.com	

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	Kaiser HMO	Kaiser HSA	HN HMO	HN Silver	HN HSA
Range	Area 7		Area 7		
0-14	\$429.35	\$294.28	\$356.44	\$391.54	\$363.40
15	\$466.25	\$319.17	\$388.12	\$426.34	\$395.71
16	\$480.36	\$328.69	\$400.23	\$439.65	\$408.06
17	\$494.46	\$338.21	\$412.35	\$452.95	\$420.41
18	\$509.66	\$348.45	\$425.39	\$467.28	\$433.71
19	\$510.58	\$344.43	\$438.44	\$481.61	\$447.01
20	\$526.32	\$355.05	\$451.95	\$496.46	\$460.79
21	\$542.59	\$366.03	\$465.93	\$511.81	\$475.04
22	\$542.59	\$366.03	\$465.93	\$511.81	\$475.04
23	\$542.59	\$366.03	\$465.93	\$511.81	\$475.04
24	\$542.59	\$366.03	\$465.93	\$511.81	\$475.04
25	\$544.76	\$367.49	\$467.79	\$513.86	\$476.94
26	\$555.62	\$374.81	\$477.11	\$524.09	\$486.44
27	\$568.64	\$383.60	\$488.29	\$536.38	\$497.84
28	\$589.80	\$397.87	\$506.46	\$556.34	\$516.36
29	\$607.16	\$409.59	\$521.37	\$572.72	\$531.57
30	\$615.84	\$415.44	\$528.83	\$580.91	\$539.17
31	\$628.87	\$424.23	\$540.01	\$593.19	\$550.57
32	\$641.89	\$433.01	\$551.19	\$605.47	\$561.97
33	\$650.03	\$438.50	\$558.18	\$613.15	\$569.09
34	\$658.71	\$444.36	\$565.64	\$621.34	\$576.69
35	\$663.05	\$447.29	\$569.36	\$625.43	\$580.49
36	\$667.39	\$450.22	\$573.09	\$629.53	\$584.29
37	\$671.73	\$453.14	\$576.82	\$633.62	\$588.10
38	\$676.07	\$456.07	\$580.55	\$637.72	\$591.90
39	\$684.75	\$461.93	\$588.00	\$645.91	\$599.50
40	\$693.43	\$467.79	\$595.46	\$654.09	\$607.10
41	\$706.46	\$476.57	\$606.64	\$666.38	\$618.50
42	\$718.94	\$484.99	\$617.36	\$678.15	\$629.42
43	\$736.30	\$496.70	\$632.27	\$694.53	\$644.62
44	\$758.00	\$511.34	\$650.90	\$715.00	\$663.63
45	\$783.50	\$528.55	\$672.80	\$739.06	\$685.95
46	\$813.89	\$549.04	\$698.89	\$767.72	\$712.55
47	\$848.07	\$572.10	\$728.25	\$799.96	\$742.48
48	\$887.14	\$598.46	\$761.79	\$836.81	\$776.68
49	\$925.66	\$624.45	\$794.87	\$873.15	\$810.41
50	\$969.07	\$653.73	\$832.15	\$914.10	\$848.41
51	\$1,011.94	\$682.64	\$868.96	\$954.53	\$885.94
52	\$1,059.14	\$714.49	\$909.49	\$999.06	\$927.27
53	\$1,106.89	\$746.70	\$950.49	\$1,044.10	\$969.07
54	\$1,158.44	\$781.47	\$994.76	\$1,092.72	\$1,014.20
55	\$1,209.98	\$816.25	\$1,039.02	\$1,141.34	\$1,059.33
56	\$1,265.87	\$853.95	\$1,087.01	\$1,194.06	\$1,108.26
57	\$1,322.30	\$892.01	\$1,135.47	\$1,247.28	\$1,157.66
58	\$1,382.53	\$932.64	\$1,187.19	\$1,304.10	\$1,210.39
59	\$1,412.37	\$952.77	\$1,212.81	\$1,332.25	\$1,236.52
60	\$1,472.60	\$993.40	\$1,264.53	\$1,389.06	\$1,289.25
61	\$1,524.69	\$1,028.54	\$1,309.26	\$1,438.19	\$1,334.85
62	\$1,558.87	\$1,051.60	\$1,338.61	\$1,470.43	\$1,364.78
63	\$1,601.73	\$1,080.52	\$1,375.42	\$1,510.87	\$1,402.31
64+	\$1,627.77	\$1,098.09	\$1,397.79	\$1,535.43	\$1,425.12

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