



[www.mcsihr.com](http://www.mcsihr.com)



## Benefits Summary & Rates for MCS Employees



(408) 995-3343

[mcsi@benefitedge.net](mailto:mcsi@benefitedge.net)

Effective 7/1/2024

35

	Kaiser		Health Net			
Plan Status	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	None	\$2,850	None	None	\$2,500	\$7,050
Deductible Family (2 +)		\$5,700 (\$3,200 ind)			\$5,000	\$14,100
Physician's Office Care	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	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	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	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	\$663.05	\$447.29	\$569.36	\$743.43	\$625.43	\$580.49
Employee + Spouse	See reverse	See reverse	See reverse	\$1,711.44	See reverse	See reverse
Employee + Child(ren)	See reverse	See reverse	See reverse	\$1,658.34	See reverse	See reverse
Family	See reverse	See reverse	See reverse	\$2,662.98	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	Employee Monthly Cost	
Employee	\$82.13	
Employee + Spouse	\$151.96	
Employee + Child(ren)	\$198.25	
Family	\$268.09	

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	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	



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	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	

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

FSA Plan Year 2024-2025	
Medical FSA	- \$3,200
Medical FSA Limit	- \$3,200
Dependent Care FSA	\$5,000
IGOE (800) 633-8818, <a href="mailto:flex@goigoe.com">flex@goigoe.com</a>	



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*