# ColCal 2021 Health Insurance Plan Options & Costs

Variable Hourly Team Members

#### **Qualifications for Coverage:**

- 1.Work an average of 30 hours per week
- 2. Meet your employment waiting period

60 Days for Full & Part Time Positions\*

1 Year for Variable Hour Positions\*

## **Health Insurance Plans Available to You:**

## **Medical Only**

1

## \$5,000 Deductible

TO, CCC Doddotholo			
Coverage Type	% ColCal Pays	loyee Cost Paycheck	Yearly Amount Paid By ColCal for You
Employee Only	81%	\$ 42.61	\$ 4,602.81
Employee+ Family	27%	\$ 468.61	\$ 4,506.35
Employee+ Spouse	38%	\$ 285.67	\$ 4,552.29
Employee+ Children			
	40%	\$ 250.15	\$ 4,335.98

#### \$1,000 Deductible

2

Coverage Type	% ColCal Pays	oloyee Cost Paycheck	Yearly Amount Paid By ColCal for You
Employee Only	50%	\$ 129.20	\$ 3,359.22
Employee+ Family	17%	\$ 626.82	\$ 3,338.03
Employee+ Spouse	23%	\$ 417.40	\$ 3,241.59
Employee+ Children			
	26%	\$ 362.96	\$ 3,315.72

#### Add-Ons

You can add one or both of these to either medical plan you choose from above.

## Dental-\$50 Deductible

Coverage Ty	/ре	% ColCal Pays	ployee Cost r Paycheck	Yearly Amount Paid By ColCal for You
Employee C	nly	50%	\$ 7.57	\$ 196.92
Employee+ F	amily	17%	\$ 36.72	\$ 195.55
Employee+ \$	Spouse	24%	\$ 24.34	\$ 194.44
Employee+ (	Children			
		26%	\$ 21.30	\$ 194.56

#### **Flexible Spending Account**

2

You designate a pre-tax dollar amount to be transferred from each paycheck to a Flexible Spending Account then the Spending Account gives the money back to you when you submit receipts for qualifying health expenses.

- 1. Healthcare Reimbursement up to \$2,750 per year
  - -Heathcare costs not covered by Insurance like:

    Copays, Vision Expenses, Doctor's Bills
- 2. Dependent Care Reimbursement up to \$5,000 per year
  - -Expenses for daycare for children
  - -Expenses for eligible adult daycare



<sup>\*</sup>Team Member Positions are classified as variable hourly positions all other positions are full or part time

#### **Qualifications for Coverage:**

- 1. Work an average of 30 hours per week
- 2. Meet your employment waiting period

60 Days for Full & Part Time Positions\*

1 Year for Variable Hour Positions\*

## **Health Insurance Plans Available to You:**

## **Medical Only**

1

## \$5,000 Deductible

<u> </u>			
Coverage Type	% ColCal Pays	oloyee Cost Paycheck	Yearly Amount Paid By ColCal for You
Employee Only	95%	\$ 10.98	\$ 5,425.15
Employee+ Family	30%	\$ 449.35	\$ 5,007.06
Employee+ Spouse	40%	\$ 276.46	\$ 4,791.89
Employee+ Children			
	45%	\$ 229.31	\$ 4,877.98

#### \$1,000 Deductible

2

Coverage Type	% ColCal Pays	oloyee Cost Paycheck	Yearly Amount Paid By ColCal for You
Employee Only	75%	\$ 64.60	\$ 5,038.83
Employee+ Family	25%	\$ 566.41	\$ 4,908.87
Employee+ Spouse	40%	\$ 325.24	\$ 5,637.55
Employee+ Children			
	40%	\$ 294.29	\$ 5,101.10

### Add-Ons

You can add one or both of these to either medical plan you choose from above.

#### **Dental-\$50 Deductible**

		Emp	loyee Cost	Yearly Amount Paid By
Coverage Type	% ColCal Pays	Per	Paycheck	ColCal for You
Employee Only	50%	\$	7.57	\$ 196.92
Employee+ Family	17%	\$	36.72	\$ 195.55
Employee+ Spouse	24%	\$	24.34	\$ 194.44
Employee+ Children				
	26%	\$	21.30	\$ 194.56

#### **Flexible Spending Account**

7

You designate a pre-tax dollar amount to be transferred from each paycheck to a Flexible Spending Account then the Spending Account gives the money back to you when you submit receipts for qualifying health expenses.

- Healthcare Reimbursement up to \$2,750 per year
   -Heathcare costs not covered by Insurance like:
  - Copays, Vision Expenses, Doctor's Bills
- 2. Dependent Care Reimbursement up to \$5,000 per year
  - -Expenses for daycare for children
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## ColCal 2021 Health Insurance Plan Options & Costs

## Assisant General Managers & Facility Captains

#### **Qualifications for Coverage:**

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- 2. Meet your employment waiting period

60 Days for Full & Part Time Positions\*

1 Year for Variable Hour Positions\*

### **Health Insurance Plans Available to You:**

## **Medical Only**

1

## \$5,000 Deductible

Coverage Type	% ColCal Pays	oloyee Cost Paycheck	Yearly Amount Paid By ColCal for You
Employee Only	100%	\$ -	\$ 5,710.68
Employee+ Family	34%	\$ 423.67	\$ 5,674.67
Employee+ Spouse	50%	\$ 230.38	\$ 5,989.86
Employee+ Children			_
	53%	\$ 195.95	\$ 5,745.18

### \$1,000 Deductible

2

Ψ1,000 Deddetible			
Coverage Type	% ColCal Pays	oloyee Cost Paycheck	Yearly Amount Paid By ColCal for You
Employee Only	80%	\$ 51.68	\$ 5,374.75
Employee+ Family	34%	\$ 498.44	\$ 6,676.06
Employee+ Spouse	50%	\$ 271.04	\$ 7,046.94
Employee+ Children			
	50%	\$ 245.25	\$ 6,376.38

### Add-Ons

You can add one or both of these to either medical plan you choose from above.

1

#### **Dental-\$50 Deductible**

Coverage Type	% ColCal Pays	oloyee Cost Paycheck	Yearly Amount Paid By ColCal for You
Employee Only	100%	\$ -	\$ 393.84
Employee+ Family	34%	\$ 29.20	\$ 391.11
Employee+ Spouse	50%	\$ 15.91	\$ 413.70
Employee+ Children			
	53%	\$ 13.53	\$ 396.61

#### **Flexible Spending Account**

2

You designate a pre-tax dollar amount to be transferred from each paycheck to a Flexible Spending Account then the Spending Account gives the money back to you when you submit receipts for qualifying health expenses.

- 2. Dependent Care Reimbursement up to \$5,000 per year
  - -Expenses for daycare for children
  - -Expenses for eligible adult daycare



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## ColCal 2021 Health Insurance Plan Options & Costs

## Restaurant General Managers & Above Restaurant Leaders & Office Staff

#### **Qualifications for Coverage:**

- 1.Work an average of 30 hours per week
- 2. Meet your employment waiting period

60 Days for Full & Part Time Positions\*

1 Year for Variable Hour Positions\*

### **Health Insurance Plans Available to You:**

## **Medical Only**

1

### \$5,000 Deductible

Coverage Type	% ColCal Pays	loyee Cost Paycheck	Yearly Amount Paid By ColCal for You
Employee Only	100%	\$ -	\$ 5,710.68
Employee+ Family	90%	\$ 64.19	\$ 15,021.18
Employee+ Spouse	90%	\$ 46.08	\$ 10,781.75
Employee+ Children			_
	90%	\$ 41.69	\$ 9,755.96

### \$1,000 Deductible

2

Ψ1,000 Deddetible			
Coverage Type	% ColCal Pays	loyee Cost Paycheck	Yearly Amount Paid By ColCal for You
Employee Only	90%	\$ 25.84	\$ 6,046.60
Employee+ Family	90%	\$ 75.52	\$ 17,671.93
Employee+ Spouse	90%	\$ 54.21	\$ 12,684.49
Employee+ Children			
	90%	\$ 49.05	\$ 11,477.48

### Add-Ons

You can add one or both of these to either medical plan you choose from above.

Dental-\$50 Deductible

Coverage Type	% ColCal Pays	Employee Cost Per Paycheck		Yearly Amount Paid By ColCal for You
Employee Only	100%	\$	-	\$ 393.84
Employee+ Family	70%	\$	13.27	\$ 805.22
Employee+ Spouse	75%	\$	7.96	\$ 620.55
Employee+ Children				
	80%	\$	5.76	\$ 598.66

#### **Flexible Spending Account**

2

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- 2. Dependent Care Reimbursement up to \$5,000 per year
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