



**SANTA CRUZ CITY SCHOOLS  
CERTIFICATED EMPLOYEE  
MONTHLY MEDICAL BENEFITS COST TABLE  
EFFECTIVE 10/01/2020 - 9/30/2021**

| <b>CERTIFICATED EMPLOYEES</b>                             | <b>HMO PLANS</b>                       |   |  |  | <b>PPO PLANS</b>                       |  |  |
|---|--|---|--|--|--|--|--|
|   | <b>BLUE SHIELD<br/>HMO-\$30-20%</b>    | <b>BLUE SHIELD<br/>*HMO-\$30-20%<br/>TRIO</b> | <b>BLUE SHIELD<br/>HMO-\$40-40%</b>      | <b>KAISER<br/>HMO-\$30-0</b>           | <b>BLUE SHIELD<br/>PPO-80-M \$40</b>   | <b>BLUE SHIELD<br/>PPO-HSA-PLAN B</b>              | <b>BLUE SHIELD<br/>PPO-MINIMUM VALUE</b>           |
|   | <b>#1H011000</b><br>Payroll ID: HMOBSH | <b>#1H111000</b><br>Payroll ID: HMOPMG        | <b>#1H051000</b><br>Payroll ID: HMOBSL   | <b>605337-0004</b><br>Payroll ID: HMOK | <b>#0P011000</b><br>Payroll ID: PPOBSH | <b>#0P021000</b><br>Payroll ID: PPOBSL             | <b>#0P041003</b><br>Payroll ID: PPOBSMV            |
| Individual/Family Deductibles                             | N/A                                    | N/A   | N/A                                      | N/A                                    | \$3,000/\$6,000                        | \$3,000/\$5,200                                    | \$5,000/\$10,000                                   |
| Out of Pocket Maximum                                     | \$1,500/\$3,000<br>20% Deductible      | \$1,500/\$3,000<br>20% Deductible             | \$3,500/\$7,000<br>40% Deductible        | \$1,500/\$3,000                        | \$4,000/\$8,000                        | \$5,000/\$10,000                                   | \$6,350/\$12,700                                   |
| Office Visit Co-Pay                                       | \$30 office                            | \$30 office                                   | \$40 office                              | \$30 office                            | \$40 office                            | 10% - Out of<br>Pocket Maximum                     | \$60 office<br>after deductible is met             |
| Prescription Drug Plans<br>(Out of Pocket Maximum)        | \$9/\$35 RX                            | \$9/\$35 RX                                   | \$200 RX Deductible<br>then \$10/\$35 RX | \$10/\$30 RX                           | \$9/\$35 RX                            | 10% - Out of Pocket<br>Maximum<br>then \$9/\$35 RX | 30% - Out of Pocket<br>Maximum<br>then \$9/\$35 RX |
| Network   | Full Network                           | *PMG Only<br>No PAMF                          | Full Network                             | KAISER                                 | Full Network                           | Full Network                                       | Full Network                                       |
| <b>FULL TIME EMPLOYEE (1.0 FTE)<br/>MONTHLY COST</b>      |  |   |  |  |  |  |  |
| SINGLE (EMPLOYEE ONLY)                                    | \$425.60                               | \$397.10                                      | \$389.70                                 | \$384.50                               | \$378.50                               | \$396.70   | \$348.20   |
| TWO PARTY (EMPLOYEE + ONE)                                | \$830.90                               | \$774.60                                      | \$762.30                                 | \$750.30                               | \$723.40                               | \$773.70   | \$820.00   |
| FAMILY (EMPLOYEE + TWO OR MORE)                           | \$1,167.60                             | \$1,087.20                                    | \$1,156.39                               | \$1,054.20                             | \$1,033.50                             | \$1,123.80   | \$1,193.73   |
| <b>PART TIME EMPLOYEE (.50 -.99 FTE)<br/>MONTHLY COST</b> |  |   |  |  |  |  |  |
| SINGLE (EMPLOYEE ONLY)                                    | \$425.60                               | \$397.10                                      | \$389.70                                 | \$384.50                               | \$378.50                               | \$376.70   | \$348.20   |
| TWO PARTY (EMPLOYEE + ONE)                                | \$881.75                               | \$823.84                                      | \$809.97                                 | \$799.54                               | \$768.62                               | \$820.00   | \$718.98   |
| FAMILY (EMPLOYEE + TWO OR MORE)                           | \$1,239.10                             | \$1,156.39                                    | \$1,139.23                               | \$1,123.39                             | \$1,100.28                             | \$1,193.73   | \$1,046.23   |

The employee's share costs are negotiated annually by your union and therefore are subject to change.

Your cost will be deducted from your payroll check in 10 equal installments starting in October. As the withdraw will be done in 10 installments, the monthly cost will be higher than the amount stated in the table.