

SANTA CRUZ CITY SCHOOLS
MANAGEMENT/CABINET
MONTHLY MEDICAL BENEFITS COST TABLE
EFFECTIVE 10/01/18 - 9/30/19

	HMO PLANS				PPO PLANS	
MANAGEMENT	BLUE SHIELD HMO-\$30-20% #1H011002	BLUE SHIELD *HMO-\$30-20% #1H071002	BLUE SHIELD HMO-\$40-40% #1H051002	KAISER HMO-\$30-0 #605337-0005	BLUE SHIELD PPO-80-M \$40 #0P011002	BLUE SHIELD PPO-HSA-PLAN B #0P021008
Individual/Family Deductibles	N/A	N/A	N/A	N/A	\$3,000/\$6,000	\$3,000/\$5,000
Out of Pocket Maximum	\$1,500/\$3,000 20% Deductable	20% \$1,500/\$3,000 20% Deductable	\$3,500/\$7,000 40% Deductable	\$1,500/\$3,000	\$4,000/\$8,000	\$5,000/\$10,000
Office Visit Co-Pay	\$30 office	\$30 office	\$40 office	\$30 office	\$40 office	10% - Out of Pocket Maximum
Prescription Drug Plans	\$9/\$35 RX	\$9/\$35 RX	\$200 RX Deductible then \$10/\$35	\$10/\$30 RX	\$9/\$35 RX	10% - Out of Pocket Maximum then \$9/\$35 RX
Network	Full Network	*PMG Only No PAMF	Full Network	KAISER	Full Network	Full Network
FULL TIME EMPLOYEE MONTHLY COST						
COMPOSITE RATE	\$ 769.80	\$ 725.40	\$ 705.60	\$ 726.30	\$ 656.50	\$ 679.50
PART TIME EMPLOYEE MONTHLY COST						
COMPOSITE RATE	\$ 840.65	\$ 804.65	\$ 772.77	\$ 778.54	\$ 730.22	\$ 764.80

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