



**SANTA CRUZ CITY SCHOOLS
CLASSIFIED & CONFIDENTIAL EMPLOYEE
MONTHLY MEDICAL BENEFITS COST TABLE
EFFECTIVE 10/01/2021 - 9/30/2022**

	HMO PLANS			PPO PLANS	
	BLUE SHIELD HMO \$25-500 #1H031001 PLAN ID: HMOBSH	BLUE SHIELD HMO \$25-500 TRIO #1H131001 PLAN ID: HMOPMG	KAISER HMO \$0-0 #605337-0006 PLAN ID: HMOBK	BLUE SHIELD PPO 90-E \$20 #0P031001 PLAN ID: PPOBSH	BLUE SHIELD PPO 80-K \$30 #0P051001 PLAN ID: PPOBSL
Individual/Family Deductibles	N/A	N/A	N/A	\$300/\$600	\$1,000/\$2,000
Out of Pocket Maximum	\$2,000/\$4,000 20% Deductible	\$2,000/\$4,000 20% Deductible	\$1,500/\$3,000	\$1,000/\$3,000	\$3,000/\$6,000
Office Visit Co-Pay	\$25	\$25	\$0	\$20	\$30
Prescription Drug Plans (Out of Pocket Maximum)	\$5/\$20 RX, \$1,500/\$2,500	\$5/\$20 RX, \$1,500/\$2,500	\$5/\$5 RX, \$1,500/\$3,000	\$7/\$25 RX, \$1,500/\$2,500	\$5/\$20 RX, \$1,500/\$2,500
Network	Full Network	Palo Alto Medical & Sutter Health - EXCLUDED	KAISER ONLY	Full Network	Full Network

Monthly Premium		Monthly Premium		Monthly Premium		Monthly Premium		Monthly Premium	
SINGLE	\$1,010.00	SINGLE	\$927.00	SINGLE	\$884.00	SINGLE	\$1,157.00	SINGLE	\$1,013.00
2-PARTY	\$1,963.00	2-PARTY	\$1,796.00	2-PARTY	\$1,721.00	2-PARTY	\$2,259.00	2-PARTY	\$1,968.00
FAMILY	\$2,751.00	FAMILY	\$2,513.00	FAMILY	\$2,418.00	FAMILY	\$3,176.00	FAMILY	\$2,759.00

FULL TIME EMPLOYEE (0.8750-1.0 FTE)

MONTHLY CONTRIBUTION

SINGLE (EMPLOYEE ONLY)
TWO PARTY (EMPLOYEE + ONE)
FAMILY (EMPLOYEE + TWO OR MORE)

Employer	Employee	Employer	Employee	Employer	Employee	Employer	Employee	Employer	Employee
\$1,001.80	\$8.20	\$927.00	\$0.00	\$884.00	\$0.00	\$994.80	\$162.20	\$994.10	\$18.90
\$1,929.60	\$33.40	\$1,796.00	\$0.00	\$1,721.00	\$0.00	\$1,914.90	\$344.10	\$1,914.20	\$53.80
\$2,690.20	\$60.80	\$2,513.00	\$0.00	\$2,418.00	\$0.00	\$2,669.20	\$506.80	\$2,668.50	\$90.50

PART TIME EMPLOYEE (0.5-0.8125 FTE)

MONTHLY CONTRIBUTION

SINGLE (EMPLOYEE ONLY)
TWO PARTY (EMPLOYEE + ONE)
FAMILY (EMPLOYEE + TWO OR MORE)

Employer	Employee	Employer	Employee	Employer	Employee	Employer	Employee	Employer	Employee
\$1,001.80	\$8.20	\$927.00	\$0.00	\$884.00	\$0.00	\$994.80	\$162.20	\$994.10	\$18.90
\$1,872.73	\$90.27	\$1,796.00	\$0.00	\$1,721.00	\$0.00	\$1,858.03	\$400.97	\$1,857.33	\$110.67
\$2,533.22	\$217.78	\$2,513.00	\$0.00	\$2,418.00	\$0.00	\$2,512.22	\$663.78	\$2,511.52	\$247.48

CLASSIFIED BENEFITS	Monthly Premium
DENTAL INCENTIVE PPO	\$116.00
DELTA DENTAL UNLIMITED PPO	\$125.00
CLASSIFIED & CONFIDENTIAL - VSP	\$17.50
LONG-TERM DISABILITY	\$14.27
LIFE INSURANCE	\$4.46
MONTHLY DISTRICT CONTRIBUTIONS	\$277.23

CONFIDENTIAL BENEFITS	Monthly
DENTAL INCENTIVE PPO	\$116.00
DELTA DENTAL UNLIMITED PPO	\$125.00
CLASSIFIED & CONFIDENTIAL - VSP	\$17.50
LONG-TERM DISABILITY	\$14.27
LIFE INSURANCE	\$17.85
MONTHLY DISTRICT CONTRIBUTIONS	\$290.62

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