



**SANTA CRUZ CITY SCHOOLS
CLASSIFIED/CONFIDENTIAL EMPLOYEE
MONTHLY MEDICAL BENEFITS COST TABLE
EFFECTIVE 10/01/2019 - 9/30/2020**

**CLASSIFIED & CONFIDENTIAL
EMPLOYEES**

HMO PLANS	PPO PLANS
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	BLUE SHIELD HMO 25-500 #1H031001 PLAN ID: HMOBSH	BLUE SHIELD HMO 25-500 SaveNet #1H131001 PLAN ID: HMOPMG	KAISER HMO 0-0 #605337-0006 PLAN ID: HMOK	BLUE SHIELD PPO 90-E \$20 #OP031001 PLAN ID: PPOBSH	BLUE SHIELD PPO 80-K \$30 #OP051001 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	PMG Only No PAMF	KAISER ONLY	Full Network	Full Network

**FULL TIME EMPLOYEE (.875-1.0 FTE)
MONTHLY COST**

SINGLE (EMPLOYEE ONLY)	\$0.00	\$0.00	\$0.00	\$158.90	\$14.90
TWO PARTY (EMPLOYEE + ONE)	\$0.00	\$0.00	\$0.00	\$307.82	\$23.35
FAMILY (EMPLOYEE + TWO OR MORE)	\$2.60	\$0.00	\$0.00	\$497.60	\$81.60

**PART TIME EMPLOYEE (.50-.870 FTE)
MONTHLY COST**

SINGLE (EMPLOYEE ONLY)	\$0.00	\$0.00	\$0.00	\$158.70	\$14.90
TWO PARTY (EMPLOYEE + ONE)	\$48.57	\$0.00	\$0.00	\$364.69	\$80.22
FAMILY (EMPLOYEE + TWO OR MORE)	\$159.58	\$0.00	\$0.00	\$654.58	\$238.58

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

Confidential employee's share costs are negotiated annually by your Meet and Confer Group 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, it will be higher than the amount stated in the table. For 12 month employees the cost will be taken out over 12 months.