



**SANTA CRUZ CITY SCHOOLS
CABINET & MANAGEMENT
MONTHLY MEDICAL BENEFITS COST TABLE
EFFECTIVE 10/01/2020 - 9/30/2021**

**CABINET & MANAGEMENT
EMPLOYEES**

HMO PLANS

PPO PLANS

	BLUE SHIELD HMO-\$30-20% #1H011002	BLUE SHIELD *HMO-\$30-20% #1H111002	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 #0P021002
Individual/Family Deductibles	N/A	N/A	N/A	N/A	\$3,000/\$6,000	\$3,000/\$5,200
Out of Pocket Maximum (Includes deductibles & co-pays)	\$1,500/\$3,000	\$1,500/\$3,000	\$3,500/\$7,000	\$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 Max
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 Max 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	\$833.40	\$783.00	\$763.80	\$782.40	\$694.00	\$731.30
PART TIME EMPLOYEE MONTHLY COST						
COMPOSITE RATE	\$904.25	\$862.25	\$830.97	\$834.46	\$767.72	\$816.70

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