



**SANTA CRUZ CITY SCHOOLS
CABINET & MANAGEMENT
MONTHLY MEDICAL BENEFITS COST TABLE
EFFECTIVE 10/01/2022 - 9/30/2023**

HMO PLANS

	SUTTER HEALTH PLUS HMO \$30-20%	SUTTER HEALTH PLUS HMO \$40-40%	KAISER HMO \$30-0
	PLAN ID: SHPML50	PLAN ID: SHPML51	PLAN ID: HMOK
Individual/Family Deductibles			
Out of Pocket Maximum	\$2,000/\$4,000	\$3,000/\$6,000	\$1,500/\$3,000
Office Visit Co-Pay	\$30	\$40	\$30
Prescription Drug Plans (Out of Pocket Maximum)	\$10/\$30 RX, \$1,500/\$2,500	\$10/\$30 RX, \$1,500/\$2,500	\$10/\$30 RX, \$1,500/\$3,000
Network	Full Network	Full Network	KAISER ONLY

Monthly Premium	
SINGLE	\$753.66
2-PARTY	\$1,469.41
FAMILY	\$2,064.60

Monthly Premium	
SINGLE	\$729.17
2-PARTY	\$1,421.69
FAMILY	\$1,997.55

Monthly Premium	
SINGLE	\$763.55
2-PARTY	\$1,527.09
FAMILY	\$2,160.85

**FULL TIME EMPLOYEE (1.0 FTE)
MONTHLY CONTRIBUTION**

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

Employer	Employee
\$474.83	\$278.83
\$922.78	\$546.63
\$1,295.32	\$769.28

Employer	Employee
\$479.30	\$249.87
\$932.33	\$489.36
\$1,309.66	\$687.89

Employer	Employee
\$416.11	\$347.44
\$827.61	\$699.48
\$1,173.86	\$986.99

**PART TIME EMPLOYEE (0.5-0.9 FTE)
MONTHLY CONTRIBUTION**

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

Employer	Employee
\$474.83	\$278.83
\$871.93	\$597.48
\$1,223.82	\$840.78

Employer	Employee
\$479.30	\$249.87
\$884.66	\$537.03
\$1,242.53	\$755.02

Employer	Employee
\$416.11	\$347.44
\$778.37	\$748.72
\$1,104.67	\$1,056.18

CERTIFICATED MGMT & CABINET	Monthly Premium
DENTAL INCENTIVE PPO	\$121.40
DELTA DENTAL UNLIMITED PPO	\$130.90
MANAGEMENT - VSP	\$17.00
LIFE INSURANCE	\$17.85



**Monthly contributions will be deducted from your payroll check in 12 equal installments starting in August.

CLASSIFIED MGMT & CABINET	Monthly Premium
DENTAL INCENTIVE PPO	\$121.40
DELTA DENTAL UNLIMITED PPO	\$130.90
MANAGEMENT - VSP	\$17.00
LIFE INSURANCE	\$17.85
LONG TERM DISABILITY	\$49.64

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



Santa Cruz City Schools Medical Plan Comparison Cabinet & Management
Effective October 1, 2022- September 30, 2023

 Sutter Health Plus Your Health Plan	 KAISER PERMANENTE	SHP - Summit ML50 HMO \$30-20%, Rx 10-30 Payroll ID: SHPML50	SHP - Summit ML51 HMO \$40-40%, Rx \$10-30 Payroll ID: SHPML51	Kaiser HMO \$30-0, Rx 10-30 Payroll ID: HMOK
	Member Pays	Member Pays	Member Pays	
COPY & COINSURANCE	\$30-20%	\$40-40%	\$30-0	
Individual/Family Deductibles	\$0/\$0	\$0/\$0	\$0/\$0	
Individual/Family Calendar Out-of-Pocket Max <i>(includes medical co-pays, deductibles and co-insurance)</i>	\$2,000/\$4,000	\$3,000/\$6,000	\$1,500/\$3,000	
Preventive Care Services (includes physical exams & screenings)				
Annual Eye Exam for Refraction	No Charge	No Charge	No Charge	
Family Planning Counseling & Services (Preconception Care Visits)	No Charge	No Charge	No Charge	
Immunizations/Vaccines	No Charge	No Charge	No Charge	
Routine Preventive Medical Exams, Procedures & Screenings	No Charge	No Charge	No Charge	
Routine Preventive Imaging and Lab Services	No Charge	No Charge	No Charge	
Preventive Care Rx, Supplies, Equipment & Supplements	No Charge	No Charge	No Charge	
Outpatient Services				
Office Visit - Primary Care Physician (PCP) for illness or injury	\$30	\$40	\$30	
Other Practitioner Visit	\$30	\$40	\$30	
Sutter Walk-in Care visit	\$30	\$40	N/A	
Specialist Office Visit	\$30	\$40	\$30	
Allergy Services (includes testing, injections, and serum)	\$30	\$40	No Charge	
Medically administered drugs dispensed by a PCP for administration	No Charge	No Charge	No Charge	
Outpatient Rehabilitation Services	\$30	\$40	\$30	
Outpatient Habilitation Services	Not Covered	Not Covered	\$30	
Outpatient Surgery Facility Fee	\$100 Copay per visit	\$100 Copay per visit	\$30 per procedure	
Outpatient Surgery Professional Fee	No Charge	No Charge	No Charge	
Outpatient Visit (non-office visit)	\$60	\$80	N/A	
Non-preventive Lab Services	\$10	\$10	No Charge	
Radiological & Nuclear Imaging (MRI, CT, and PET Scans)	\$50	\$50	No Charge for most Scans	
Diagnostic & Therapeutic Imaging & Testing (x-ray, mammogram, ultrasound, EKG/ECG, cardiac stress test & cardiac monitoring)	\$10	\$10	No Charge for most Testing	
Hospitalization Services				
Inpatient Facility Fee (hospital room, medical supplies, & inpatient drugs including anesthesia)	\$500	\$500	No Charge	
Inpatient Professional Fees (surgeon and anesthesiologist)	No Charge	No Charge	No Charge	
Emergency & Urgent Care Services				
Emergency Room Facility Fee	\$150	\$150	\$100 (Waived if Admitted)	
Urgent Care - consultations, exams, and treatments	\$40	\$40	\$30	
Ambulance Services - Medical Transportation	\$100/ per trip	\$150/ per trip	\$50/ per trip	
Durable Medical Equipment (DME)	20% Coinsurance	20% Coinsurance	No Charge	
Mental/ Behavioral Health & Substance Use Disorder (MH/SUD)				
MH/SUD Inpatient Facility Fee	\$500 copay per admission	\$500 copay per admission	No Charge	
MH/SUD Inpatient Professional Fees	No Charge	No Charge	No Charge	
MH/SUD Individual outpatient Office Visits	\$30	\$40	\$30	
MH/SUD Group outpatient Office Visits	\$15	\$20	\$5	
MH/SUD Other Outpatient Services	\$60	\$80	N/A	
Home Health Services				
Home Health Care (up to 100 visits per calendar year)	No Charge	No Charge	No Charge	
Maternity Care				
Routine Prenatal Care Visits & First Postnatal Visits	No Charge	No Charge	No Charge	
Breastfeeding Counseling Services & Supplies	No Charge	No Charge	No Charge	
Labor & Delivery Inpatient Facility Fee	\$500 copay per admission	\$500 copay per admission	No Charge	
Labor & Delivery Inpatient Professional Fee	No Charge	No Charge	No Charge	
Other Services				
Skilled Nursing Facility Services (up to 100 days per benefit period)	No Charge	No Charge	No Charge	
Ostomy and Urological Supplies; Prosthetic & Orthotic Devices	No Charge	No Charge	No Charge	
Hospice Care	No Charge	No Charge	No Charge	
Acupuncture & Chiropractic Services - Limits apply	\$10/30 visits combined w/chiro; Use ASH network			
PRESCRIPTION DRUG PLANS				
Provider Network	Sutter Health Plus	Sutter Health Plus	Kaiser Pharmacy	
Tier 1- Most Generic Drugs & Low-Cost Preferred Brand Name Rx	Retail: \$10 Copay/ 30 Days Mail: \$20 Copay/ 100 Days	Retail: \$10 Copay/ 30 Days Mail: \$20 Copay/ 100 Days	Retail & Mail Order: \$10 Copay/ 100 Days	
Tier 2- Preferred Brand Name Drugs, Non-Preferred Generics, & Drugs Recommended by SHP Pharmacy	Retail: \$30 Copay/ 30 Days Mail: \$60 Copay/ 100 Days	Retail: \$30 Copay/ 30 Days Mail: \$60 Copay/ 100 Days	Retail & Mail Order: \$30 Copay/ 100 Days	
Tier 3- Non-Preferred Brand Name Drugs or Drugs Recommended by SHP Pharmacy (Generally have a preferred & offer less costly therapeutic alternative at a lower tier)	Retail: \$60 Copay/ 30 Days Mail: \$120 Copay/ 100 Days	Retail: \$60 Copay/ 30 Days Mail: \$120 Copay/ 100 Days	N/A	
Tier 4- Drugs that are biologics or required to be distributed through a specialty pharmacy.	Specialty Pharmacy: 20% coinsurance \$100 per Rx for up to a 30-day supply	Specialty Pharmacy: 20% coinsurance \$100 per Rx for up to a 30-day supply	Retail: \$30 Copay/ 30 Days	

Note: This is a brief benefit summary that reflects in-network benefits from a participating or contracted provider. For additional details, limitations, exclusions and out-of-network coverage, please refer to the Summary of Benefits or Coverage Booklet. Co-pays and co-insurance do not carryover to the next calendar year. To find a participating or contracting provider call the customer service number on your ID card or visit