



**SANTA CRUZ CITY SCHOOLS
CERTIFICATED EMPLOYEE
MONTHLY MEDICAL BENEFITS COST TABLE
EFFECTIVE 10/01/2023 - 9/30/2024**

CERTIFICATED MEDICAL PLANS

| | SUTTER HEALTH PLUS HMO \$30-20% PLAN ID: SHPML65 | SUTTER HEALTH PLUS HMO \$40-20% PLAN ID: SHPML66 | KAISER HMO \$30-0 PLAN ID: HMOK |
|--|---|---|--|
| Copays & Coinsurance | | | |
| Individual/Family Deductibles | \$0 | \$0 | \$0 |
| Out of Pocket Maximum (Combined Medical and Rx) | \$2,000/\$4,000 | \$3,000/\$6,000 | \$1,500/\$3,000 |
| Office Visit Co-Pay | \$30 | \$40 | \$30 |
| Prescription Drug Plans | \$10/\$30 RX, | \$10/\$30 RX, | \$10/\$30 RX, |
| Network | Full Network | Full Network | KAISER ONLY |

| Monthly Premium | |
|-----------------|------------|
| SINGLE | \$797.80 |
| 2-PARTY | \$1,555.40 |
| FAMILY | \$2,185.40 |

| Monthly Premium | |
|-----------------|------------|
| SINGLE | \$771.80 |
| 2-PARTY | \$1,504.80 |
| FAMILY | \$2,114.20 |

| Monthly Premium | |
|-----------------|------------|
| SINGLE | \$789.95 |
| 2-PARTY | \$1,579.89 |
| FAMILY | \$2,235.55 |

| FULL TIME EMPLOYEE (1.0 FTE) MONTHLY CONTRIBUTION |
|--|
| SINGLE (EMPLOYEE ONLY) |
| TWO PARTY (EMPLOYEE + ONE) |
| FAMILY (EMPLOYEE + TWO OR MORE) |

| Employer | Employee |
|------------|----------|
| \$505.73 | \$292.07 |
| \$982.97 | \$572.43 |
| \$1,379.88 | \$805.52 |

| Employer | Employee |
|------------|----------|
| \$509.14 | \$262.66 |
| \$990.51 | \$514.29 |
| \$1,391.31 | \$722.89 |

| Employer | Employee |
|------------|------------|
| \$434.59 | \$355.36 |
| \$864.57 | \$715.32 |
| \$1,226.15 | \$1,009.40 |

| PART TIME EMPLOYEE (0.5-0.8300 FTE) MONTHLY CONTRIBUTION |
|---|
| SINGLE (EMPLOYEE ONLY) |
| TWO PARTY (EMPLOYEE + ONE) |
| FAMILY (EMPLOYEE + TWO OR MORE) |

| Employer | Employee |
|------------|----------|
| \$505.73 | \$292.07 |
| \$932.12 | \$623.28 |
| \$1,308.38 | \$877.02 |

| Employer | Employee |
|------------|----------|
| \$509.14 | \$262.66 |
| \$942.84 | \$561.96 |
| \$1,324.18 | \$790.02 |



| Employer | Employee |
|------------|------------|
| \$434.59 | \$355.36 |
| \$815.33 | \$764.56 |
| \$1,156.96 | \$1,078.59 |

| DISTRICT CONTRIBUTION | CERTIFICATED | Monthly Premium |
|-----------------------|----------------------------|-----------------|
| | BENEFITS | |
| | DENTAL INCENTIVE PPO | \$121.40 |
| | DELTA DENTAL UNLIMITED PPO | \$130.90 |
| | CERTIFICATED - VSP | \$17.00 |
| | LIFE INSURANCE | \$5.35 |

The employee's share costs are negotiated annually by your union and therefore are subject to change. SCCS will continue to pay 100% of premiums for Dental, Vision, and Life Insurance. Monthly employee premiums will be deducted from payroll checks in 10 equal installments starting in August. As the withdraw will be done in 10 installments, the monthly cost will be higher than the amount stated in the table.



Santa Cruz City Schools Medical Plan Comparison
Certificated & Management & Pre-Retirees
Effective October 1, 2023- September 30, 2024

|   | SHP - Summit ML65HMO | SHP - Summit ML66 HMO | Kaiser HMO |
|--|--|--|---|
| | \$30-20%, Rx 10-30 Payroll ID: SHPML65 | \$40-20%, Rx \$10-30 Payroll ID: SHPML66 | \$30-0, Rx 10-30 Payroll ID: HMOKD |
| | Member Pays | Member Pays | Member Pays |
| COPAY & COINSURANCE | \$30-20% | \$40-20% | \$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