



**SANTA CRUZ CITY SCHOOLS  
CABINET & MANAGEMENT  
MONTHLY MEDICAL BENEFITS COST TABLE  
EFFECTIVE 10/01/2019 - 9/30/2020**

**CABINET & MANAGEMENT  
EMPLOYEES**

	<b>HMO PLANS</b>				<b>PPO PLANS</b>	
	<b>BLUE SHIELD HMO-\$30-20%</b>	<b>BLUE SHIELD *HMO-\$30-20%</b>	<b>BLUE SHIELD HMO-\$40-40%</b>	<b>KAISER HMO-\$30-0</b>	<b>BLUE SHIELD PPO-80-M \$40</b>	<b>BLUE SHIELD PPO-HSA-PLAN B</b>
	<b>#1H011002</b>	<b>#1H111002</b>	<b>#1H051002</b>	<b>#605337-0005</b>	<b>#0P011002</b>	<b>#0P021002</b>
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
<b>FULL TIME EMPLOYEE MONTHLY COST</b>						
COMPOSITE RATE	<b>\$812.40</b>	<b>\$764.10</b>	<b>\$745.20</b>	<b>\$766.20</b>	<b>\$691.90</b>	<b>\$717.80</b>
<b>PART TIME EMPLOYEE MONTHLY COST</b>						
COMPOSITE RATE	<b>\$883.25</b>	<b>\$843.35</b>	<b>\$812.37</b>	<b>\$818.26</b>	<b>\$765.62</b>	<b>\$803.20</b>

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