

## Santa Cruz County Office of Education - Certificated

# Monthly Benefits Premium - October 1, 2023 - September 30, 2024

PPO	PPO	НМО	НМО	НМО	НМО
Anthem	Anthem	Anthem	Anthem	Anthem	Kaiser
90-E \$20	80-G \$20	Premier 20	Classic 20/40/250	Value 30/40/500/3 day	Trad HMO \$10
40709A	40709B	57AHRA	57AHRS	57AHRE	606394-0080ACN

Monthly Premium		Monthly Premium					
	\$2,707	\$2,419	\$2,589	\$2,348	\$2,203	\$1,999	

Full Time Employee .8 FTE - 1.0 FTE Part Time Employee .5 FTE - .79 FTE

#### Frequency

12 Month Contribution	
10 Month Contribution*	

### **Certificated Benefits**

Delta Dental PPO Ortho - 007105-0012	
VSP Vision Signature - 101867-0073	
MetLife 25K - 05372876-0001	
Standard Group Disability - 503136	

Medical Cap = \$1877.76

Prorated Cap based on the equivalent FTE of the part-time unit member. Example: .75 FTE Medical Cap = \$1408.32

\$1,877.76	\$829.24	\$1,877.76	\$541.24	\$1,877.76	\$711.24	\$1,877.76	\$470.24	\$1,877.76	\$325.24	\$1,877.76	\$121.24
\$2,253.31	\$995.93	\$2,253.31	\$650.35	\$2,253.31	\$853.79	\$2,253.31	\$565.16	\$2,253.31	\$391.25	\$2,253.31	\$146.04
_											
\$121.03	\$0	\$121.03	\$0	\$121.03	\$0	\$121.03	\$0	\$121.03	\$0	\$121.03	\$0
\$20.81	\$0	\$20.81	\$0	\$20.81	\$0	\$20.81	\$0	\$20.81	\$0	\$20.81	\$0
\$3.75	\$0	\$3.75	\$0	\$3.75	\$0	\$3.75	\$0	\$3.75	\$0	\$3.75	\$0
\$29.46	\$0	\$29.46	\$0	\$29.46	\$0	\$29.46	\$0	\$29.46	\$0	\$29.46	\$0

Employer Employee Employee Employer Employee Employer Employee Employee Employee Employee Employee Employee Employee

The monthly premiums are subject to change with each plan year. The employee portion is negotiated each year and subject to change. For 2023-24 premium increases, your unit negotiated a 70/30 split of the increased amount of \$215. The employer cap is now \$1,877.76 and would have been \$1,834.76. The employer medical cap is based on the premium rate in the Anthem Premier plan, \$2,589.

<sup>\*</sup>Your portion will be deducted from your base pay in 10 equal installments starting in October. The withdraw is higher than the amount stated for a 12 month to account for your coverage in summer months June and July.

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Medical Plan Comparison - October 1, 2023 - September 30, 2024



Authors	Plan Type (PPO or HMO)	PPO	PPO	НМО	НМО	НМО	НМО
Part 10	2023-2024	Anthem	Anthem	Anthem		Anthem	Kaiser
		90-E \$20	80-G \$20	Premier 20			Trad HMO \$10
	Plan ID	40709A	40709B	57AHRA			606394-0080ACN
		Member Pays					
Marging Control   Processor (1909) Marging Control   Processor (1909)   Processor (1909			•				•
### PROPERSIONAL SERVICES  ### PROPERSIONAL SERV	Individual/Family Deddetibles Individual/Family Out-of-Pocket (OOP) Max	\$300/\$000	\$300/\$1,000	30/30	30/30	30/30	0
### Office Visit (CV) Copy (SC Copy for 3t 3 cal yr ### STATE VISIT (CV) Copy (SC Copy for 3t 3 cal yr ### S	(includes medical deductibles, co-insurance and co-	\$1,000/\$3,000	\$2,000/\$4,000	\$1,500/\$3,000	\$2,500/\$5,000	\$2,000/\$4,000	\$1,500/\$3,000
S20	pays)						
S20	PROFESSIONAL SERVICES						
Premark Law Core Not Not Hosp Any Law State   Sale   Sal	Office Visit (OV) co-pay (\$0 Copay for 1st 3 cal yr	\$20	\$20	\$20	\$30	\$20	\$10
Specialistic Consultants co-pay   \$20   \$20   \$20   \$30	Primary Care OV on Non-HSA PPO plans)						•
Preventing Destinated office visit co.papy							
Seasus C., C.A., Mill, RFT etc.   107K							
Diagnostic K-ay & Laboratory Procedures   20%   20%   50   50   50   50   50   50   50							
Intertiting (Refer to Plan Document)							
### OPEN PROVIDED CATE (CATE (Includes physical exams & screenings)   Ded Walved   Ded Walved   So   So   So   So   So   So   So   S	Infertility (Refer to Plan Document)	Not covered	Not covered				Co-pay applies
New Note   Presenting   Ded Warled   Ded W				\$0	\$0	\$0	\$0
Simple   S	Preventive Care (includes physical exams & screenings)	Ded Waived	Ded Waived	, ,	, .	, .	
	HOSPITAL & SKILLED NURSING FACILITY SERVICES						
	Emergency Room visit			\$100	\$150	\$100	\$100
10%   20%   5200/admit   3 day max   5250/admit   50	(copay waived if admitted)	\$100 co-pay	\$100 co-pay	7100		7100	<b>\$100</b>
Dutpatient Hospital   10%   20%   \$100/admit   \$250/admit   \$125/admit   \$10		10%	20%	\$200/admit		\$250/admit	\$0
Surgery, Outpatient (performed in Surgery Center)   10%   20%   \$100   \$250/admit   \$125/admit   \$10		10%	20%	\$100/admit		\$125/admit	\$10
Surgery, Outpatient (performed in a Hospital) - limits   10%   20%   \$100   \$250/admit   \$125/admit   \$10	Outpatient Hospital						·
MATTERNT: Facility Based Care (preauth required)   10%   20%   \$200   \$300/day   \$250/admit   \$50	Surgery, Outpatient (performed in Surgery Center)	10%	20%	\$100	\$250/admit	\$125/admit	\$10
NPATIENT: Facility Based Care (preauth required)   10%   20%   5200   3 day max   5250/admit   50	Surgery, Outpatient (performed in a Hospital) - limits	10%	20%	\$100	\$250/admit	\$125/admit	\$10
NPATIENT: Facility Based Care (preauth required)   10%   20%   50   50   50   50   50   50   50	тау арріу						
NPATIENT: Facility Based Care (preauth required)   10%   20%   50   50   50   50   50   50   50							
NPATIENT: Facility Based Care (preauth required)   10%   20%   5200   3 day max   \$250/admit   50	MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT						
### DUTPATIENT: Facility Based Care (preauth required) 10% 20% 50 50 50 50 510  ### DUTPATIENT: Facility Based Care (preauth required) 10% 20% 5100 co-pay 5100 5100 5100 550  ### S100 co-pay 5100 5100 5100 5100 550  ### S100 co-pay 5100 5100 5100 5100 5100 5100 5100 510		10%	20%	\$200		\$250/admit	\$0
10%	INPATIENT: Facility Based Care (preauth required)				3 day max		
Ambulance (Ground or Air)  10%	OUTPATIENT: Facility Based Care (preauth required)	10%	20%	\$0	\$0	\$0	\$10
Ambulance (Ground or Air)  10%							
10%   20%   510/30 visits	OTHER SERVICES	100/	200/	T	Т	Т	T
10%   Uses ASH Network   Uses	Ambulance (Ground or Air)			\$100	\$100	\$100	\$50
Acupuncture - Limits apply  Uses ASH Network Uses ASH Net	Ambalance (Ground of All)						\$10/30 visits
Acupuncture - Limits apply  10% 20% S10/30 visits combined w/acu c					, ,		· ·
10%   10%	Acupuncture - Limits apply	USES ASH NELWORK	USES ASH NELWORK	combined w/chiro	combined w/chiro	combined w/chiro	
Dises ASH Network   Dises ASH Network   Dises ASH Network   Dises ASH Network   Direction   Directio		10%	20%	\$10/30 visits	\$10/30 visits	\$10/30 visits	
Durable Medical Equipment (DME)   10%   20%   20%   50%   20%   50%   20%   500	Chiroproctic Limits apply	Uses ASH Network	Uses ASH Network	combined w/acu	combined w/acu	combined w/acu	
Physical and Occupational Therapy - Limits apply  10% 20% \$20 \$40 \$40 \$10  10% and Amount in excess of \$700 allowance/24 months  10% and Color are ar/36 months  10% and Color are ar/36 months  10% and Color are ar/36 months  10% amount in excess of \$700 allowance even are		10%	20%	20%	50%	20%	
10% and Amount in excess of \$700 allowance/24 months   20% and Amount in excess of \$700 allowance/24 months   20% allowance/24 months   50% Coinsurance 1 device per ear/36 months   50% Ollows per all parks   500 allowance ever 36 months   50% Ollows per all parks   500 allowance ver 36 months   50% Ollows per all parks   50	Physical and Occupational Therapy - Limits apply						
Amount in excess of \$700 allowance/24 months 200/10-35 arounts in excess of \$700 allowance/24 months 200/10-35 arounts 2		100/ and	200/ and		·		
S700 allowance/24 months   S700 allowance/24 m				50% Coinsurance	50% Coinsurance	50% Coinsurance	amount in excess of
Hearing Aids months seements and months mont							\$500 allowance every
PHARMACY BENEFITS  Plan  200/10-35  200/10-35  Pharmacy Benefit Manager  Navitus  Na	Hearing Aids			months	months	months	36 months
Plan 200/10-35 200/10-35 *5-10 9-35 7-25 \$10 (30 day) Pharmacy Benefit Manager Navitus	nicumg Alus	l .	l .	l	l	l	l
Pharmacy Benefit Manager  Navitus  Navi	PHARMACY BENEFITS						
Secondary   Seco	Plan						
Included w/ Med	Pharmacy Benefit Manager	Navitus	Navitus	Navitus	Navitus	Navitus	Kaiser
Included w/ Med OOP Max (includes Rx deductibles and co-pays)  \$2,500/\$3,500 \$2,500/\$3,500 \$2,500/\$3,500 \$1,500/\$2	Individual/Family Brand & Specialty Rx Deductibles	\$200/\$500	\$200/\$500	none	none	none	none
S2,500/\$3,500   S2,500/\$3,500   S1,500/\$2,500   S2,500/\$3,500   S1,500/\$2,500   S2,500/\$3,500   S1,500/\$2,500   S2,500/\$3,500   S1,500/\$2,500   OOP Max	Individual/Family Rx Out-of-Pocket (OOP) Max	£2.500/£2.500	£2.500/±2.500	£4 500/±2 500	£2.500/±2.500	£4 500 /±2 500	Included w/ Med
Side t Costco Special t	(includes Rx deductibles and co-pays)			\$1,500/\$2,500	\$2,500/\$3,500	\$1,500/\$2,500	
Si of Other Network Star Other Network Supply Star Other Network Star				\$0 at Costco	\$0 at Costco	\$0 at Costco	\$10 up to 30 day
Brand co-pay/30 days supply  \$35	Congris so pay/20 days supply						
Brand co-pay/30 days supply  \$35 Must Use \$3	Generic co-pay/30 days supply						
\$35 Must Use Navitus Mail Specialty co-pay/up to 30 days supply \$35 Must Use Navitus Mail Specialty co-pay/up to 30 days supply \$0-\$90 \$0-\$90 \$0-\$20 \$0-\$90 \$0-\$60	Brand co-pay/30 days supply	35	35	10	35	25	
Mail Order (Generic-Brand co-pay/90 days supply)  \$0.\$90  \$0.\$			\$35 Must Use	\$10 Must Use		\$25 Must Use	
Mail Order (Generic-Brand co-pay/90 days supply)  S0-590  Costco Mail Order  Costco Mail Order  Costco Mail Order  Kaiser Mail Order	Specialty co-pay/up to 30 days supply	Navitus Mail					
Costco Mail Order Kaiser Mail Order	Mail Order (Generic-Brand co. 201/00 days curalis)	\$0-\$90	\$0-\$90	\$0-\$20	\$0-\$90	\$0-\$60	
	ivian Graei (Generic-brand co-pay/30 days supply)	Costco Mail Order					
	Mail Order Pharmacy						

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. To find a participating provider call the customer service number on your ID card or visit https://www.anthem.com/ca/sisc/