



Santa Cruz County Office of Education - Management & Confidential
Monthly Benefits Premium - October 1, 2023 - September 30, 2024

| | | | | | |
|--|--|---|--|--|--|
| PPO Anthem 90-E \$20 40709E | PPO Anthem 80-G \$20 40709F | HMO Anthem Premier 20 57AQXJ | HMO Anthem Classic 20/40/250 57AQXN | HMO Anthem Value 30/40/500/3 day 57AQXV | HMO Kaiser Trad HMO \$20 606394-0081AMN |
|--|--|---|--|--|--|

| | | | | | |
|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|
| Monthly Premium | Monthly Premium | Monthly Premium | Monthly Premium | Monthly Premium | Monthly Premium |
| \$2,779 | \$2,419 | \$2,589 | \$2,348 | \$2,203 | \$1,955 |

Frequency

| |
|-----------------------|
| 12 Month Contribution |
|-----------------------|

| Employer | Employee | Employer | Employee | Employer | Employee | Employer | Employee | Employer | Employee | Employer | Employee |
|------------|----------|------------|----------|------------|----------|------------|----------|------------|----------|------------|----------|
| \$1,883.52 | \$895.48 | \$1,883.52 | \$535.48 | \$1,883.52 | \$705.48 | \$1,883.52 | \$464.48 | \$1,883.52 | \$319.48 | \$1,883.52 | \$71.48 |

Management Confidential Benefits

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|--|----------|-----|----------|-----|----------|-----|----------|-----|----------|-----|----------|-----|
| Delta Dental PPO - 007105-0014 | \$117.23 | \$0 | \$117.23 | \$0 | \$117.23 | \$0 | \$117.23 | \$0 | \$117.23 | \$0 | \$117.23 | \$0 |
| VSP Vision Signature - 101867-0071 | \$20.81 | \$0 | \$20.81 | \$0 | \$20.81 | \$0 | \$20.81 | \$0 | \$20.81 | \$0 | \$20.81 | \$0 |
| MetLife 50K - 05372876-0002 | \$7.50 | \$0 | \$7.50 | \$0 | \$7.50 | \$0 | \$7.50 | \$0 | \$7.50 | \$0 | \$7.50 | \$0 |
| American Fidelity Group Disability - 93797 | \$72.00 | \$0 | \$72.00 | \$0 | \$72.00 | \$0 | \$72.00 | \$0 | \$72.00 | \$0 | \$72.00 | \$0 |

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, CSEA negotiated a 70/30 split of the increased amount of \$215. The employer cap is now \$1,883.52 and would have been \$1,840.52. The employer medical cap is based on the premium rate in the Anthem Premier plan, \$2,589.



| Plan Type (PPO or HMO) 2023-2024 | PPO Anthem 90-E \$20 | PPO Anthem 80-G \$20 | HMO Anthem Premier 20 | HMO Anthem Classic 20/40/250 Admit | HMO Anthem Value 30/40/500/3 day | HMO Kaiser Trad HMO \$20 |
|--|----------------------------|----------------------------|-----------------------------|---|--|--------------------------------|
| Plan ID | 40709E | 40709F | 57AQXJ | 57AQXN | 57AQXV | 606394-0081AMN |
| MEDICAL - CALENDAR YEAR Deductibles & Maximums | Member Pays | Member Pays | Member Pays | Member Pays | Member Pays | Member Pays |
| Individual/Family Deductibles | \$300/\$600 | \$500/\$1,000 | \$0/\$0 | \$0/\$0 | \$0/\$0 | 0 |
| Individual/Family Out-of-Pocket (OOP) Max <i>(includes medical deductibles, co-insurance and co-pays)</i> | \$1,000/\$3,000 | \$2,000/\$4,000 | \$1,500/\$3,000 | \$2,000/\$4,000 | \$2,500/\$5,000 | \$1,500/\$3,000 |

PROFESSIONAL SERVICES

| | | | | | | |
|---|-------------|-------------|------------|------------|------------|----------------|
| Office Visit (OV) co-pay <i>(\$0 Copay for 1st 3 cal yr Primary Care OV on Non-HSA PPO plans)</i> | \$20 | \$20 | \$20 | \$20 | \$30 | \$20 |
| Urgent Care co-pay | \$20 | \$20 | \$20 | \$20 | \$30 | \$20 |
| Specialists/Consultants co-pay | \$20 | \$20 | \$20 | \$40 | \$40 | \$20 |
| Prenatal, postnatal office visit co-pay | \$20 | \$20 | \$20 | \$20 | \$30 | \$0 |
| Scans: CT, CAT, MRI, PET etc. | 10% | 20% | \$100/test | \$100/test | \$100/test | \$0 |
| Diagnostic X-ray & Laboratory Procedures | 10% | 20% | \$0 | \$0 | \$0 | \$0 |
| Infertility (Refer to Plan Document) | Not covered | Not covered | 50% | 50% | 50% | Co-pay applies |
| Preventive Care (includes physical exams & screenings) | Ded Waived | Ded Waived | \$0 | \$0 | \$0 | \$0 |

HOSPITAL & SKILLED NURSING FACILITY SERVICES

| | | | | | | |
|---|---------------------|---------------------|-------------|-------------|------------------------|-------|
| Emergency Room visit (copay waived if admitted) | 10% \$100 co-pay | 20% \$100 co-pay | \$100 | \$100 | \$150 | \$100 |
| Inpatient Hospital (preauthorization required) - limits may apply | 10% | 20% | \$200/admit | \$250/admit | \$500/day 3 day max | \$0 |
| Outpatient Hospital | 10% | 20% | \$100/admit | \$125/admit | \$250/admit | \$20 |
| Surgery, Outpatient (performed in Surgery Center) | 10% | 20% | \$100 | \$125/admit | \$250/admit | \$20 |
| Surgery, Outpatient (performed in a Hospital) - limits may apply | 10% | 20% | \$100 | \$125/admit | \$250/admit | \$20 |

MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT

| | | | | | | |
|--|-----|-----|-------|-------------|------------------------|------|
| INPATIENT: Facility Based Care (preauth required) | 10% | 20% | \$200 | \$250/admit | \$500/day 3 day max | \$0 |
| OUTPATIENT: Facility Based Care (preauth required) | 10% | 20% | \$0 | \$0 | \$0 | \$20 |

OTHER SERVICES

| | | | | | | |
|--|--|--|--|--|--|---|
| Ambulance (Ground or Air) | 10% \$100 co-pay | 20% \$100 co-pay | \$100 | \$100 | \$100 | \$50 |
| Acupuncture - Limits apply | 10% Uses ASH Network | 20% Uses ASH Network | \$10/30 visits combined w/chiro | \$10/30 visits combined w/chiro | \$10/30 visits combined w/chiro | \$10/30 visits (through ASH) combined w/chiro |
| Chiropractic - Limits apply | 10% Uses ASH Network | 20% Uses ASH Network | \$10/30 visits combined w/acu | \$10/30 visits combined w/acu | \$10/30 visits combined w/acu | \$10/30 visits (through ASH) combined w/acu |
| Durable Medical Equipment (DME) | 10% | 20% | 20% | 20% | 50% | no charge |
| Physical and Occupational Therapy - Limits apply | 10% | 20% | \$20 | \$40 | \$40 | \$20 |
| Hearing Aids | 10% and Amount in excess of \$700 allowance/24 months | 20% and Amount in excess of \$700 allowance/24 months | 50% Coinsurance 1 device per ear/36 months | 50% Coinsurance 1 device per ear/36 months | 50% Coinsurance 1 device per ear/36 months | amount in excess of \$500 allowance every 36 months |

PHARMACY BENEFITS

| Plan | 7-25 | 200/10-35 | *5-10 | 7-25 | 9-35 | \$10-\$20 (30 day) |
|--|---------------------------------------|--|---------------------------------------|---------------------------------------|---------------------------------------|-----------------------------------|
| Pharmacy Benefit Manager | Navitus | Navitus | Navitus | Navitus | Navitus | Kaiser |
| Individual/Family Brand & Specialty Rx Deductibles | none | \$200/\$500 | none | none | none | none |
| Individual/Family Rx Out-of-Pocket (OOP) Max <i>(includes Rx deductibles and co-pays)</i> | \$1,500/\$2,500 | \$2,500/\$3,500 | \$1,500/\$2,500 | \$1,500/\$2,500 | \$2,500/\$3,500 | Included w/ Med OOP Max |
| Generic co-pay/30 days supply | \$0 at Costco \$7 at Other Network | \$0 at Costco \$10 at Other Network | \$0 at Costco \$5 at Other Network | \$0 at Costco \$7 at Other Network | \$0 at Costco \$9 at Other Network | \$10 up to 30 day supply |
| Brand co-pay/30 days supply | 25 | 35 | 10 | 25 | 35 | \$20 up to 30 day supply |
| Specialty co-pay/up to 30 days supply | \$25 Must Use Navitus Mail | \$35 Must Use Navitus Mail | \$10 Must Use Navitus Mail | \$25 Must Use Navitus Mail | \$35 Must Use Navitus Mail | \$20 up to 30 day supply |
| Mail Order (Generic-Brand co-pay/90 days supply) | \$0-\$60 | \$0-\$90 | \$0-\$20 | \$0-\$60 | \$0-\$90 | \$20-\$60 up to 100 day supply |
| Mail Order Pharmacy | Costco Mail Order Pharmacy | Costco Mail Order Pharmacy | Costco Mail Order Pharmacy | Costco Mail Order Pharmacy | Costco Mail Order Pharmacy | Kaiser 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/>