Santa Cruz County Office of Education - Classified

Monthly Benefits Premium - October 1, 2024 - September 30, 2025

	PPO Anthem 90-E $20	PPO Anthem 80-G $20	HMO Anthem Premier 20	HMO Anthem Classic 20/40/250	HMO Anthem Value 30/40/500/3 day	HMO Kaiser Trad HMO $20
Group	40709C	40709D	57AHRJ	57AHRN	57AHRV	606394-0081ALN
Monthly Premium	$3,028	$2,647	$2,802	$2,524	$2,364	$2,122

Full Time Employee .75 FTE - 1.0 FTE — Medical Cap = $2,057.50

Part Time Employee .5 FTE - .74 FTE — Prorated Cap based on the equivalent FTE of the part-time unit member. Example: .70 FTE Medical Cap = $1,440.25

Frequency	Employer	Employee	Employer	Employee	Employer	Employee	Employer	Employee	Employer	Employee	Employer	Employee
12 Month Contribution	$2,057.50	$970.50	$2,057.50	$589.50	$2,057.50	$744.50	$2,057.50	$466.50	$2,057.50	$306.50	$2,057.50	$64.50
10 Month Contribution*	$2,469.00	$1,164.60	$2,467.78	$708.68	$2,469.00	$893.40	$2,468.30	$560.50	$2,467.81	$368.99	$2,468.62	$77.78
Classified Benefits												
Delta Dental PPO - 007105-0013	$117.23	$0	$117.23	$0	$117.23	$0	$117.23	$0	$117.23	$0	$117.23	$0
VSP Vision Signature - 101867-0069	$20.81	$0	$20.81	$0	$20.81	$0	$20.81	$0	$20.81	$0	$20.81	$0
MetLife 25K - 05372876-0001	$3.75	$0	$3.75	$0	$3.75	$0	$3.75	$0	$3.75	$0	$3.75	$0
American Fidelity Disability - 72588**	$48.28	$0	$48.28	$0	$48.28	$0	$48.28	$0	$48.28	$0	$48.28	$0

The monthly premiums are subject to change with each plan year. The employee portion is negotiated each year and subject to change. The COE will cover 70% of the increased premium amount and the Unit member 30%. For 2024-2025 only, the COE will cover 100% of the increase over 8%. The employer medical cap is based on the premium rate in the Anthem Premier plan, $2,802.

***The employee portion will be deducted from regular base pay in 10 equal installments starting in October. Due to the mid-year rate change, the amount is adjusted to reflect the value of the summer catch-up contributions. The employee deduction may be higher than the amount stated for a 12 month to ensure proper premiums have been collected for summer benefit coverage during June and July.**

**The Disability contribution depends on Salary. $48.28 is the average contribution of benefit eligible Classified Staff

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Medical Plan Comparison - October 1, 2024 - September 30, 2025

Plan Type (PPO or HMO) 2024-2025	**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	**40709C**	**40709D**	**57AHRJ**	**57AHRN**	**57AHRV**	**606394-0081ALN**
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 (includes medical deductibles, co-insurance and co-pays)	$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 ($0 Copay for 1st 3 cal yr Primary Care OV on Non-HSA PPO plans)	$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)	0% Ded Waived	0% 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**	**9-35**	**200/10-35**	**$10-$20 (30 day)**
Pharmacy Benefit Manager	**Navitus**	**Navitus**	**Navitus**	**Navitus**	**Navitus**	**Kaiser**
Individual/Family Brand & Specialty Rx Deductibles	**none**	**$200/$500**	**none**	**none**	**$200/$500**	**none**
Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays)	$1,500/$2,500	$2,500/$3,500	$1,500/$2,500	$2,500/$3,500	$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 $9 at Other Network	$0 at Costco $10 at Other Network	$10 up to 30 day supply
Brand co-pay/30 days supply	25	35	10	35	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	$35 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-$90	$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/