SANTA CRUZ COUNTY OFFICE OF EDUCATION
DR. FARIS SABBAH • SUPERINTENDENT OF SCHOOLS

## Santa Cruz County Office of Education - Certificated

### Monthly Benefts Premiums: October 1, 2025 - September 30, 2026

| PPO Anthem 90-E | PPO Anthem 80G | PPO Anthem Gold | HMO Anthem Premier 20 | HMO Anthem Classic 30 | HMO Anthem Value 20 | HMO Kaisier Traditional 20 |
|---|---|---|---|---|---|---|
| 40709A | 40709B | M037 | 57AHRA | 57AHRS | 57AHRE | 606394-0080 ACN |
| Monthly Premium | Monthly Premium | Monthly Premium | Monthly Premium | Monthly Premium | Monthly Premium | Monthly Premium |
| $3,188.00 | $2,848.00 | $2,761.00 | $2,998.00 | $2,744.00 | $2,579.00 | $2,326.00 |

| Employer Contribution Cap | $2,168.54 |
|---|---|

| Full Time Employees | 0.75 FTE - 1.0 FTE | Part Time Employees* | 0.50 FTE - 0.74 FTE |
|---|---|---|---|

*Cap prorated based on the equivalent FTE of the part-time unit member. Example: .70 FTE Medical Cap = $1,536.29

| *Employee Cost* | Employer | Employee | Employer | Employee | Employer | Employee | Employer | Employee | Employer | Employee | Employer | Employee | Employer | Employee |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 12 Month | $2,168.54 | $1,019.46 | $2,168.54 | $679.46 | $2,168.54 | $592.46 | $2,168.54 | $829.46 | $2,168.54 | $575.46 | $2,168.54 | $410.46 | $2,168.54 | $157.46 |
| 10 Month (approx.) | $2,602.25 | $1,223.35 | $2,602.25 | $815.35 | $2,602.25 | $710.95 | $2,602.25 | $995.35 | $2,602.25 | $690.55 | $2,602.25 | $492.55 | $2,602.25 | $188.95 |
| *Other Benefits:* | | | | | | | | | | | | | | |
| Delta Dental PPO | $121.03 | $0.00 | $121.03 | $0.00 | $121.03 | $0.00 | $121.03 | $0.00 | $121.03 | $0.00 | $121.03 | $0.00 | $121.03 | $0.00 |
| VSP Vision | $20.81 | $0.00 | $20.81 | $0.00 | $20.81 | $0.00 | $20.81 | $0.00 | $20.81 | $0.00 | $20.81 | $0.00 | $20.81 | $0.00 |
| MetLife 25K | $3.75 | $0.00 | $3.75 | $0.00 | $3.75 | $0.00 | $3.75 | $0.00 | $3.75 | $0.00 | $3.75 | $0.00 | $3.75 | $0.00 |
| The Standard Group Disability | $29.46 | $0.00 | $29.46 | $0.00 | $29.46 | $0.00 | $29.46 | $0.00 | $29.46 | $0.00 | $29.46 | $0.00 | $29.46 | $0.00 |

Important Notes About 2025-2026 Premiums and Contributions:

Monthly premium amounts are subject to change each plan year. The employee's share is negotiated annually and may vary.

The monthly premiums are subject to change with each plan year. The employee portion is negotiated each year and subject to change. For the 2025-2026 the COE will cover 70% of the increased premium amount and the Unit member 30%.

The employer medical cap is based on the Anthem Premier Plan rate of $2,998 per month.

**Premium Deductions:

The employee portion will be deducted from regular base pay in 10 equal installments, beginning in October.

Due to the mid-year rate change, deduction amounts will be adjusted to account for summer "catch-up" contributions. As a result, deductions may be higher than the stated monthly amount to ensure adequate premium collection for summer coverage (June and July).

***Disability Insurance:

The disability contribution is based on salary. For reference, the average monthly contribution for benefit-eligible Classified staff is $29.46

| | Santa Cruz County Office of Education | | | | | | |
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| SISC Self-Insured Schools of California *Schools Helping Schools* | Anthem PPO 90-E | Anthem PPO 80-G | Anthem PPO Gold | Anthem HMO Premier | Anthem HMO Classic | Anthem HMO Value | Kaiser Traditional HMO |
| ***MEDICAL - CALENDAR YEAR Deductibles & Maximums*** | **Member Pays** | **Member Pays** | **Member Pays** | **Member Pays** | **Member Pays** | **Member Pays** | **Member Pays** |
| Individual/Family Deductibles (Ded) | $300/$600 | $500/$1,000 | $0/$0 | $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 | $3,000/$6,000 | $1,500/$3,000 | $2,000/$4,000 | $2,500/$5,000 | $1,500/$3,000 |
| ***PROFESSIONAL SERVICES*** | | | | | | | |
| Primary Care* visit co-pay ($0 Copay for 1st 3 cal yr Primary Care OV on Non-HSA PPO plans) | $20 | $30 | $0 | $20 | $20 | $30 | $10 |
| Urgent Care co-pay | $20 | $30 | $0 | $20 | $20 | $30 | $10 |
| Prenatal, postnatal office visit co-pay | $20 | $30 | $0 | $20 | $20 | $30 | $0 |
| Specialists/Consultants co-pay | $20 | $30 | $100 | $20 | $40 | $40 | $10 |
| | | | **Non-Hosp/OPH**** | | | | |
| Scans: CT, CAT, MRI, PET etc. | 10% after Ded | 20% after Ded | $300/$750 | $100/test | $100/test | $100/test | $0 |
| Laboratory Procedures | 10% after Ded | 20% after Ded | $0/$150 | $0 | $0 | $0 | $0 |
| Diagnostic X-rays | 10% after Ded | 20% after Ded | $75/$225 | $0 | $0 | $0 | $0 |
| Infertility (Refer to Plan Document) | Not covered | Not covered | Not covered | 50% | 50% | 50% | Co-pay applies |
| Preventive Care (includes physical exams & screenings) | 0% after Ded Ded Waived | 0% after Ded Ded Waived | $0 | $0 | $0 | $0 | $0 |
| ***HOSPITAL & SKILLED NURSING FACILITY SERVICES*** | | | | | | | |
| Emergency Room visit (copay waived if admitted) - Avg Cost: $2,847 \| $100+10%: $375 \| $100+20%: $649 | 10% after Ded $100 co-pay | 20% after Ded $100 co-pay | $700 | $100 | $100 | $150 | $100 |
| Inpatient Hospital (preauthorization required) - Avg Cost for one day: $6,067 \| 10%: $607 \| 20%: $1,213 | 10% after Ded | 20% after Ded | $600/day | $200/admit | $250/admit | $500/day 3 day max | $0 |
| Surgery, Outpatient (performed in Surgery Center) | 10% after Ded | 20% after Ded | $600 | $100 | $125/admit | $250/admit | $10 |
| Surgery, Outpatient (performed in a Hospital) - limits may apply | 10% after Ded | 20% after Ded | $1,800 | $100 | $125/admit | $250/admit | $10 |
| ***MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT*** | | | | | | | |
| **INPATIENT: Facility Based Care (preauth required)** | 10% after Ded | 20% after Ded | $600/day | $200 | $250/admit | $500/day 3 day max | $0 |
| **OUTPATIENT: Facility Based Care (preauth required)** | 10% after Ded | 20% after Ded | $0 | $0 | $0 | $0 | $10 |
| ***OTHER SERVICES*** | | | | | | | |
| Ambulance (Ground or Air) | 10% after Ded $100 co-pay | 20% after Ded $100 co-pay | $700 | $100 | $100 | $100 | $50 |
| Acupuncture - Limits apply | 10% after Ded Subject to PA | 20% after Ded Subject to PA | $0 | $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% after Ded Subject to PA | 20% after Ded Subject to PA | $0 | $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 |
| Physical and Occupational Therapy - Limits apply | 10% after Ded | 20% after Ded | $0 | $20 | $40 | $40 | $10 |
| Durable Medical Equipment (DME) | 10% after Ded | 20% after Ded | $0 | 20% | 20% | 50% | no charge |
| Hearing Aids | 10% after Ded and Amount in excess of $700 allowance/24 months | 20% after Ded and Amount in excess of $700 allowance/24 months | $0 plus the 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 |

*Primary Care Providers (PCPs) are those without specialty certifications, practicing general pediatrics, internal medicine, family or general practice, or obstetrics and gynecology.

**"non-Hosp" means Labs and Radiology Centers not associated with a hospital system. "OPH" means an outpatient hospital setting

***PHARMACY BENEFITS***

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

This comparison displays member cost-share for In-Network services. Out-of-Network services may not be covered. Please refer to the plan documents available through your district for applicable details, limitations, and exclusions. Employee cost/payroll deduction, if applicable, can be requested from the district.

‡Some narcotic pain and cough medications are not included in the Costco Free Generic or 90-day supply programs.