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

Santa Cruz County Office of Education - Classified

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
40709D	40709D	M038	57AHRJ	57AHRN	57AHRV	606394-0081 ALN
Monthly Premium	Monthly Premium	Monthly Premium	Monthly Premium	Monthly Premium	Monthly Premium	Monthly Premium
$3,252.00	$2,848.00	$2,761.00	$2,998.00	$2,714.00	$2,545.00	$2,275.00

Employer Contribution Cap	$2,194.70

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	$2,194.70	$1,057.30	$2,194.70	$653.30	$2,194.70	$566.30	$2,194.70	$803.30	$2,194.70	$519.30	$2,194.70	$350.30	$2,194.70	$80.30
10 Month (approx.)	$2,633.64	$1,268.76	$2,633.64	$783.96	$2,633.64	$679.56	$2,633.64	$963.96	$2,633.64	$623.16	$2,633.64	$420.36	$2,633.64	$96.36
Other Benefits:														
Delta Dental PPO	$117.23	$0.00	$117.23	$0.00	$117.23	$0.00	$117.23	$0.00	$117.23	$0.00	$117.23	$0.00	$117.23	$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
American Fidelity Disability	$48.28	$0.00	$48.28	$0.00	$48.28	$0.00	$48.28	$0.00	$48.28	$0.00	$48.28	$0.00	$48.28	$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 $48.28.

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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	$20
Urgent Care co-pay	$20	$30	$0	$20	$20	$30	$20
Prenatal, postnatal office visit co-pay	$20	$30	$0	$20	$20	$30	$0
Specialists/Consultants co-pay	$20	$30	$100	$20	$40	$40	$20
			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	$20
Surgery, Outpatient (performed in a Hospital) - limits may apply	10% after Ded	20% after Ded	$1,800	$100	$125/admit	$250/admit	$20
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	$20
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	$20
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 7-25**	**Rx 200/10-35**	**Rx 9-35 PC**	**Rx 5-10**	**Rx 9-35**	**Rx 200/10-35**	**$10-20 Rx**
Pharmacy Benefit Manager	Navitus	Navitus	Navitus	Navitus	Navitus	Navitus	Kaiser
Individual/Family Brand & Specialty Rx Deductibles	none	$200/$500	$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	$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‡ $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 100 day Supply
Brand co-pay/30 days supply	$25	$35	$35	$10	$35	$35	$20 up to 100 day
Specialty co-pay/up to 30 days supply	$25 Must Use Navitus Mail	$35 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-$90‡	$0-$20‡	$0-$90‡	$0-$90‡	$10-$20/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.