



# SBCSS Health Plans Offered for 2024-2025

## Confidential, Teamsters & MGMT Employees

The monthly contribution is the same for employees only and family.

Medical Plan Choices	Total Employee Monthly Cost			
	W/Option A	W/Option B	W/Option C	W/Option D
<b>Kaiser Permanente Options</b>				
<b>Kaiser - Plan #1 (Kaiser Plan 8)</b> \$20 co-payment / Pharmacy \$10 Generic / \$20 Brand 100% hospital covered	\$95.03	\$103.02	\$92.12	\$100.11
<b>Kaiser - Plan #2 (Kaiser Plan 12)</b> \$30 co-payment/ Pharmacy \$15 Generic/ \$30 Brand \$250 co-payment for hospital admission	\$0	\$0.41	\$0	\$0
<b>Kaiser - Plan #3 HDHP (Kaiser Plan 1)</b> \$1,600 Single / \$3,200 Family deductible Pharmacy \$10/ \$30 after deductible \$20 co-payment after reaching deductible	\$0	\$0	\$0	\$0
<b>Blue Shield HMO Options</b>				
<b>Blue Shield TRIO ACO - Plan #1 (Blue Shield HMO Trio C20)</b> \$20 co-payment / 100% hospital covered	\$0	\$0	\$0	\$0
<b>Blue Shield Access Plus - Plan #2 (Blue Shield HMO Access+ C20)</b> \$20 co-payment / \$500 co-payment hospital	\$42.84	\$50.83	\$39.93	\$47.92
<b>Blue Shield TRIO ACO - Plan #7 (Blue Shield HMO Trio 7)</b> \$30 co-payment / \$500 co-payment hospital	\$0	\$0	\$0	\$0
<b>Blue Shield Access Plus - Plan #7 (Blue Shield HMO Access+ 7)</b> \$30 co-payment / \$500 co-payment hospital	\$0	\$2.83	\$0	\$0
<b>Blue Shield PPO Options</b>				
<b>Blue Shield PPO - Plan #1 (Blue Shield PPO Cust 20-500)</b> \$500 single/ \$1,000 family In-Network	\$2,111.84	\$2,119.83	\$2,108.93	\$2,116.92
<b>Blue Shield PPO – Plan #1A Tandem (Blue Shield PPO Tandem Cust 20-500)</b> \$500 single/ \$1,000 family In-Network	\$1,884.84	\$1,892.83	\$1,881.93	\$1,889.92
<b>Blue Shield HDHP CSEBA Premier - Plan #2 (Blue Shield Premier PPO Savings 1600)</b> \$1,600 single / \$3,200 family In-Network	\$0	\$0	\$0	\$0
<b>Blue Shield HDHP CSEBA Tandem - #2A (Blue Shield PPO Premier Tandem Savings 1600)</b> \$1,600 single/ \$3,200 family In-network	\$0	\$0	\$0	\$0
<b>Delta Dental PPO Options</b>	<b>EYEMED Vision Options</b>			
<b>Dental Plan #1</b> Each enrolled family member: \$2,500 In-Network/\$2,000 out-of-network	<b>Vision Plan #1</b> Each enrolled family member is entitled to: \$150 frames or contacts In-Network			
<b>Dental Plan #2</b> Each enrolled family member: \$2,000 In-Network/\$1,500 out-of-network <b>with ortho</b>	<b>Vision Plan #2</b> Each enrolled family member is entitled to: \$200 frames or contacts In-Network			
<b>Life Insurance</b>	<b>Opt-out Option</b>			
Employer-sponsored life/accidental death & dismemberment of \$50,000 for employee.	Monthly cash incentive for declining medical. Enrollment continues for dental, vision, and life.			
<b>Option Descriptions</b>				
<b>Option A – Dental #1/Vision #1/Life</b>	<b>Option C – Dental #2/Vision #1/Life</b>			
<b>Option B – Dental #1/Vision #2/Life</b>	<b>Option D – Dental #2/Vision #2/Life</b>			

**Benefitfocus plan names are in red and enclosed in parentheses.**

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