



CALIFORNIA'S VALUED TRUST (CVT) PPO PLAN OPTIONS CERTIFICATED EMPLOYEES

PLAN YEAR: OCTOBER 1, 2022 - SEPTEMBER 30, 2023

MEDICAL PLAN OPTIONS							
	1A	4A	WELLNESS	8A	10D	HDHP-3	BRONZE
MONTHLY PREMIUM (Health & Prescription)	\$2,283	\$2,026	\$1,880	\$1,689	\$1,214	\$1,077	\$1,044
INDIVIDUAL DEDUCTIBLE	\$0	\$100	\$500	\$500	\$2,000	\$1,500	\$5,000
FAMILY DEDUCTIBLE	\$0	\$200	\$1,000	\$1,000	\$4,000	\$3,000	\$10,000
COINSURANCE (after deductible met)	100%	90%	90%	80%	80%	60%	70%
CALENDAR OUT OF POCKET MAX PER INDIVIDUAL	\$1,250	\$1,250	\$1,750	\$3,250	\$6,350	\$6,250 *	\$6,350
CALENDAR OUT OF POCKET MAX PER FAMILY	\$2,500	\$2,500	\$3,500	\$6,500	\$12,700	\$12,500	\$12,700
OFFICE VISIT COPAY	\$10	\$20	\$20 Primary \$40 Specialty	\$30	Pd at 80% after deductible is met	Pd at 60% after deductible is met	\$60 up to 3 visits
MD LIVE COPAY	\$5	\$5	\$5	\$5	\$5	Pd at 60% after deductible is met	\$5

* Individuals on Family Plan subject to \$6,900 Out of Pocket Max

PRESCRIPTION PLAN NAME	A	WELLNESS	D	HDHP-3	BRONZE
Prescription plans are paired with a medical plan as listed above. Example: 1A Medical Plan includes the 'A' Prescription Plan	Retail (30 day supply): \$5 Generic \$22 Brand Name Mail Order (90 day supply): \$10 Generic \$44 Brand Name	Retail (30 day supply): \$7 Generic \$25 Preferred Brand Name \$40 Non-Preferred Brand Mail Order (90 day supply): \$15 Generic \$60 Preferred Brand Name \$90 Non-Preferred Brand	Retail (30 day supply): \$10 Generic \$40 Brand Preferred \$100 Brand Non-Preferred Mail Order (90 day supply): \$25 Generic \$100 Brand Preferred \$250 Brand Non-Preferred	Paid at 60% AFTER deductible is met	Subject to Deductible, then: Retail (30 day supply): No more than \$25 generic No more than \$50 brand Mail Order (90 day supply): No more than \$50 generic No more than \$100 brand

DISTRICT & EMPLOYEE COST	PLAN CHOICES	1A	4A	WELLNESS	8A	10D	HDHP-3	BRONZE
Misc. Information: Certificated employees pay insurance premiums one month in advance : Example-Premium paid in August is for September coverage. Monthly premium cost is calculated for 12 months of insurance. Employee monthly premium contributions are averaged annually and deducted in each end of month pay check. District Paid Monthly Cap 11 month employee: \$954.98 12 month employee: \$875.40 Employee cost will differ from listed monthly prices for late starts or mid year hires	Medical/Prescription	\$2,283.00	\$2,026.00	\$1,880.00	\$1,689.00	\$1,214.00	\$1,077.00	\$1,044.00
	Vision B \$15 Copay	\$16.18	\$16.18	\$16.18	\$16.18	\$16.18	\$16.18	\$16.18
	Dental Unlimited Annual	\$121.70	\$121.70	\$121.70	\$121.70	\$121.70	\$121.70	\$121.70
	Total Monthly Package Cost	\$2,420.88	\$2,163.88	\$2,017.88	\$1,826.88	\$1,351.88	\$1,214.88	\$1,181.88
	Total Annual Package Cost	\$29,050.56	\$25,966.56	\$24,214.56	\$21,922.56	\$16,222.56	\$14,578.56	\$14,182.56
	Less Annual District Paid CAP	(\$10,504.80)	(\$10,504.80)	(\$10,504.80)	(\$10,504.80)	(\$10,504.80)	(\$10,504.80)	(\$10,504.80)
	Total Annual Cost to Employee	\$18,545.76	\$15,461.76	\$13,709.76	\$11,417.76	\$5,717.76	\$4,073.76	\$3,677.76
	11 Month Employee Cost (Contract Aug-June)	\$1,685.98	\$1,405.61	\$1,246.34	\$1,037.98	\$519.80	\$370.34	\$334.34
	12 Month Employee Cost (Contract July-June)	\$1,545.48	\$1,288.48	\$1,142.48	\$951.48	\$476.48	\$339.48	\$306.48