



CALIFORNIA'S VALUED TRUST (CVT) PPO PLAN OPTIONS

CERTIFICATED EMPLOYEES-COUPLES (both covered by CVT with composit rate structure)

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

MEDICAL PLAN NAME							
	1A	4A	WELLNESS	8A	10D	HDHP-3	BRONZE
MONTHLY PREMIUM- (Health & Prescription)	\$1,712	\$1,519.50	\$1,410	\$1,266.75	\$911	\$808	\$783
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 is 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	\$40	\$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	\$40	\$5

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

PRESSCRIPTION 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-The 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. Employee cost will differ from listed monthly prices for late starts or mid year hires	Medical/Prescription	\$1,712.25	\$1,519.50	\$1,410.00	\$1,266.75	\$910.50	\$807.75	\$783.00
	Vision B \$10 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	\$1,850.13	\$1,657.38	\$1,547.88	\$1,404.63	\$1,048.38	\$945.63	\$920.88
	Total Annual Package Cost	\$22,201.56	\$19,888.56	\$18,574.56	\$16,855.56	\$12,580.56	\$11,347.56	\$11,050.56
	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	\$11,696.76	\$9,383.76	\$8,069.76	\$6,350.76	\$2,075.76	\$842.76	\$545.76
	11 Month Employee Cost (Contract Aug-June)	\$1,063.34	\$853.07	\$733.61	\$577.34	\$188.71	\$76.61	\$49.61
	12 Month Employee Cost (Contract July-June)	\$974.73	\$781.98	\$672.48	\$529.23	\$172.98	\$70.23	\$45.48