



CALIFORNIA'S VALUED TRUST (CVT) PPO PLAN OPTIONS MANAGEMENT/BOARD/CONFIDENTIAL MEMBERS

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

MEDICAL PLAN OPTIONS							
	4B	WELLNESS	8C	10D	HDHP-1	HDHP-3	BRONZE
MONTHLY PREMIUM- (Health & Prescription)	\$2,016	\$1,880	\$1,657	\$1,214	\$1,262	\$1,077	\$1,044
INDIVIDUAL DEDUCTIBLE	\$100	\$500	\$500	\$2,000	\$1,400	\$1,500	\$5,000
FAMILY DEDUCTIBLE	\$200	\$1,000	\$1,000	\$4,000	\$2,800	\$3,000	\$10,000
COINSURANCE (after deductible is met)	90%	90%	80%	80%	90%	60%	70%
CALENDAR OUT OF POCKET MAX PER INDIVIDUAL	\$1,250	\$1,750	\$3,250	\$6,350	\$4,250 *	\$6,250 *	\$6,350
CALENDAR OUT OF POCKET MAX PER FAMILY	\$2,500	\$3,500	\$6,500	\$12,700	\$8,500	\$12,500	\$12,700
OFFICE VISIT COPAY	\$20	\$20 Primary \$40 Specialty	\$30	Pd at 80% after deductible is met	Pd at 90% after deductible is met	Pd at 60% after deductible is met	\$60 up to 3 visits
MD LIVE COPAY	\$5	\$5	\$5	\$5	Pd at 90% after deductible is met	Pd at 60% after deductible is met	\$5

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

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

PRESCRIPTION PLAN NAME	B	C / WELLNESS	D	HDHP	BRONZE
Prescription plans are paired with a medical plan as listed above. Example: 3B Medical Plan includes the 'B' Prescription Plan	Retail (30 day supply): \$7 Generic \$15 Preferred Brand Name \$30 Non-Preferred Brand Mail Order (90 day supply): \$15 Generic \$35 Preferred Brand Name \$70 Non-Preferred Brand	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	HDHP-1 Paid at 90% after deductible is met HDHP-3 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	4B	WELLNESS	8C	10D	HDHP-1	HDHP-3	BRONZE
Misc. Information: Management/Board/Confidential employees pay insurance premiums one month in advance : Example-The premium paid in August is for the month of September coverage. Monthly CAP: \$876.98 Employee cost will differ from listed prices for late starts or mid year hires	Medical/Prescription	\$2,016.00	\$1,880.00	\$1,657.00	\$1,214.00	\$1,262.00	\$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 Package Cost/Mo	\$2,153.88	\$2,017.88	\$1,794.88	\$1,351.88	\$1,399.88	\$1,214.88	\$1,181.88
	Total Annual Package Cost	\$25,846.56	\$24,214.56	\$21,538.56	\$16,222.56	\$16,798.56	\$14,578.56	\$14,182.56
	Less District Paid Annual CAP	-\$10,523.76	-\$10,523.76	-\$10,523.76	-\$10,523.76	-\$10,523.76	-\$10,523.76	-\$10,523.76
	Total Annual Cost to Employee	\$15,322.80	\$13,690.80	\$11,014.80	\$5,698.80	\$6,274.80	\$4,054.80	\$3,658.80
	11 Month Employee Cost (Contract Aug-June)	\$1,392.98	\$1,244.62	\$1,001.35	\$518.07	\$570.44	\$368.62	\$332.62
	12 Month Employee Cost (Contract July - June)	\$1,276.90	\$1,140.90	\$917.90	\$474.90	\$522.90	\$337.90	\$304.90