



CALIFORNIA'S VALUED TRUST (CVT) PPO PLAN OPTIONS

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

PLAN YEAR: OCTOBER 1, 2023 - SEPTEMBER 30, 2024

Updated: 5/8/2023

MEDICAL PLAN NAME							
	1A	4A	WELLNESS	8A	10D	HDHP-3	BRONZE
MONTHLY PREMIUM- (Health & Prescription)	\$1,773	\$1,573	\$1,460	\$1,312	\$943	\$836	\$811
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

PRESCRIPTION PLAN NAME	A	WELLNESS	D	HDHP-3	BRONZE
<i>Prescription plans are paired with a medical plan as listed above. Example: 1A Medical Plan includes the 'A' Prescription Plan</i>	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: <i>Certificated employees pay insurance premiums one month in advance: Example-The premium paid in August is for September coverage.</i> <i>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.</i>	Medical/Prescription	\$1,773.00	\$1,572.75	\$1,460.25	\$1,311.75	\$942.75	\$835.50	\$810.75
	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	\$1,910.88	\$1,710.63	\$1,598.13	\$1,449.63	\$1,080.63	\$973.38	\$948.63
	Total Annual Package Cost	\$22,930.56	\$20,527.56	\$19,177.56	\$17,395.56	\$12,967.56	\$11,680.56	\$11,383.56
	Less Annual District Paid CAP	(\$10,804.80)	(\$10,804.80)	(\$10,804.80)	(\$10,804.80)	(\$10,804.80)	(\$10,804.80)	(\$10,804.80)
<i>Total Annual Cost to Employee</i>		\$12,125.76	\$9,722.76	\$8,372.76	\$6,590.76	\$2,162.76	\$875.76	\$578.76
<i>Employee cost will differ from listed monthly prices for late starts or mid year hires</i>	10 Month Employee Cost (Contract Aug-May)	\$1,212.58	\$972.28	\$837.28	\$659.08	\$216.28	\$87.58	\$57.88
	11 Month Employee Cost (Contract Aug-June)	\$1,102.34	\$883.89	\$761.16	\$599.16	\$196.61	\$79.61	\$52.61
	12 Month Employee Cost (Contract July-June)	\$1,010.48	\$810.23	\$697.73	\$549.23	\$180.23	\$72.98	\$48.23