



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

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

Updated 5/8/2023

MEDICAL PLAN OPTIONS							
	3B	6B	WELLNESS	8C	10D	HDHP-3	BRONZE
MONTHLY PREMIUM- (Health & Prescription)	\$2,172	\$1,921	\$1,947	\$1,716	\$1,257	\$1,114	\$1,081
INDIVIDUAL DEDUCTIBLE	\$100	\$250	\$500	\$500	\$2,000	\$1,500	\$5,000
FAMILY DEDUCTIBLE	\$200	\$500	\$1,000	\$1,000	\$4,000	\$3,000	\$10,000
COINSURANCE (after deductible is met)	100%	80%	90%	80%	80%	60%	70%
CALENDAR OUT OF POCKET MAX PER INDIVIDUAL	\$1,250	\$2,000	\$1,750	\$3,250	\$6,350	\$6,250 *	\$6,350
CALENDAR OUT OF POCKET MAX PER FAMILY	\$2,500	\$4,000	\$3,500	\$6,500	\$12,700	\$12,500	\$12,700
OFFICE VISIT COPAY	\$20	\$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	B	C / Wellness	D	HDHP-3	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	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	Plan 3B	Plan 6B	WELLNESS	Plan 8C	10D	HDHP-3	BRONZE
Misc. Information: Classified employees pay insurance premiums one month in advance : Example-The premium paid in August is for September coverage. District Paid Monthly Cap 10 month employee: \$1,021.15 11 month employee: \$928.32 12 month employee: \$850.96	Medical/Prescription	\$2,172.00	\$1,921.00	\$1,947.00	\$1,716.00	\$1,257.00	\$1,114.00	\$1,081.00
	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	\$2,309.88	\$2,058.88	\$2,084.88	\$1,853.88	\$1,394.88	\$1,251.88	\$1,218.88
	Total Annual Package Cost	\$27,718.56	\$24,706.56	\$25,018.56	\$22,246.56	\$16,738.56	\$15,022.56	\$14,626.56
	Less District Paid Annual CAP	-\$10,211.52	-\$10,211.52	-\$10,211.52	-\$10,211.52	-\$10,211.52	-\$10,211.52	-\$10,211.52
	Total Annual Cost to Employee	\$17,507.04	\$14,495.04	\$14,807.04	\$12,035.04	\$6,527.04	\$4,811.04	\$4,415.04
Employee cost will differ from listed prices for late starts or mid year hires	10 Month Employee Cost (Contract Aug-May)	\$1,750.70	\$1,449.50	\$1,480.70	\$1,203.50	\$652.70	\$481.10	\$441.50
	11 Month Employee Cost (Contract Aug-June)	\$1,591.55	\$1,317.73	\$1,346.09	\$1,094.09	\$593.37	\$437.37	\$401.37
	12 Month Employee Cost (Contract July-June)	\$1,458.92	\$1,207.92	\$1,233.92	\$1,002.92	\$543.92	\$400.92	\$367.92