



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

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

Updated 5/8/23

MEDICAL PLAN OPTIONS							
	4B	WELLNESS	8C	10D	HDHP-1	HDHP-3	BRONZE
MONTHLY PREMIUM- (Health & Prescription)	\$2,086	\$1,947	\$1,716	\$1,257	\$1,306	\$1,114	\$1,081
INDIVIDUAL DEDUCTIBLE	\$100	\$500	\$500	\$2,000	\$1,500 **	\$1,500 **	\$5,000
FAMILY DEDUCTIBLE	\$200	\$1,000	\$1,000	\$4,000	\$3,000	\$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 are subject to family deductible

PRESCRIPTION PLAN NAME	B	C / WELLNESS	D	HDHP	BRONZE
<i>Prescription plans are paired with a medical plan as listed above. Example: 3B Medical Plan includes the 'B' Prescription Plan</i>	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: <i>Management/Board/Confidential employees pay insurance premiums one month in advance: Example-The premium paid in August is for the month of September coverage.</i> Monthly CAP: \$901.98	Medical/Prescription	\$2,086.00	\$1,947.00	\$1,716.00	\$1,257.00	\$1,306.00	\$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/Mo	\$2,223.88	\$2,084.88	\$1,853.88	\$1,394.88	\$1,443.88	\$1,251.88	\$1,218.88
	Total Annual Package Cost	\$26,686.56	\$25,018.56	\$22,246.56	\$16,738.56	\$17,326.56	\$15,022.56	\$14,626.56
	Less District Paid Annual CAP	-\$10,823.76	-\$10,823.76	-\$10,823.76	-\$10,823.76	-\$10,823.76	-\$10,823.76	-\$10,823.76
Total Annual Cost to Employee	\$15,862.80	\$14,194.80	\$11,422.80	\$5,914.80	\$6,502.80	\$4,198.80	\$3,802.80	
Employee cost will differ from listed prices for late starts or mid year hires	11 Month Employee Cost (Contract Aug - June)	\$1,442.07	\$1,290.44	\$1,038.44	\$537.71	\$591.16	\$381.71	\$345.71
Employee cost will differ from listed prices for late starts or mid year hires	12 Month Employee Cost (Contract July - June)	\$1,321.90	\$1,182.90	\$951.90	\$492.90	\$541.90	\$349.90	\$316.90