



CALIFORNIA'S VALUED TRUST (CVT) PPO PLAN OPTIONS CERTIFICATED RETIREE WITH MEDICARE (65 AND OLDER) PLAN YEAR: OCTOBER 1, 2023 - SEPTEMBER 30, 2024

Updated 5/8/2023

MEDICAL PLAN OPTIONS				
	1A	4A	8A	10D
MONTHLY PREMIUM- Single (Health & Prescription)	\$557	\$520	\$475	\$328
MONTHLY PREMIUM- *Couple (Health & Prescription)	\$1,068	\$989	\$892	\$616
MONTHLY PREMIUM- *Family (Health & Prescription)	\$1,453	\$1,339	\$1,199	\$830
INDIVIDUAL DEDUCTIBLE	\$0	\$100	\$500	\$2,000
FAMILY DEDUCTIBLE	\$0	\$200	\$1,000	\$4,000
COINSURANCE (after deductible is met)	100%	90%	80%	80%
CALENDAR OUT OF POCKET MAX PER INDIVIDUAL	\$1,250	\$1,250	\$3,250	\$6,350
CALENDAR OUT OF POCKET MAX PER FAMILY	\$2,500	\$2,500	\$6,500	\$12,700
OFFICE VISIT COPAY	\$10	\$20	\$30	Pd at 80% after deductible is met
MD LIVE COPAY	\$5	\$5	\$5	\$5

PRESCRIPTION PLAN NAME	A	D
<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): \$10 Generic \$40 Brand Preferred \$100 Brand Non-Preferred Mail Order (90 day supply): \$25 Generic \$100 Brand Preferred \$250 Brand Non-Preferred

VISION & DENTAL	SINGLE	COUPLE	FAMILY
VISION B-\$15 Copay	\$9.88	\$18.36	\$28.27
DENTAL	\$66.31	\$120.09	\$172.64

* Please contact Business Services Department at cusdbusiness@colusa.k12.ca.us for couple rates if one member is under the age of 65.