



# CALIFORNIA'S VALUED TRUST (CVT) PPO PLAN OPTIONS

## CERTIFICATED RETIREE UNDER THE AGE OF 65

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

Updated 5/4/2023

| MEDICAL PLAN OPTIONS                            |         |         |                                |         |                                   |                                   |                     |
|---|---------|---------|--------------------------------|---------|-----------------------------------|-----------------------------------|---------------------|
|   | 1A      | 4A      | WELLNESS                       | 8A      | 10D                               | HDHP-3                            | BRONZE              |
| MONTHLY PREMIUM- Single (Health & Prescription) | \$1,816 | \$1,621 | \$1,499                        | \$1,366 | \$975                             | \$815                             | \$790               |
| MONTHLY PREMIUM-*Couple (Health & Prescription) | \$3,123 | \$2,788 | \$2,578                        | \$2,349 | \$1,677                           | \$1,402                           | \$1,358             |
| MONTHLY PREMIUM-*Family (Health & Prescription) | \$3,940 | \$3,517 | \$3,253                        | \$2,964 | \$2,116                           | \$1,769                           | \$1,714             |
| 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    | \$20 Primary<br>\$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                 |

| PRESCRIPTION PLAN NAME  | A   | WELLNESS  | D   | HDHP-3                              | BRONZE  |
|---|---|---|---|-------------------------------------|---|
| Prescription plans are paired with a medical plan as listed above. Example:<br>1A Medical Plan includes the 'A' Prescription Plan | <b>Retail (30 day supply):</b><br>\$5 Generic<br>\$22 Brand Name<br><br><b>Mail Order (90 day supply):</b><br>\$10 Generic<br>\$44 Brand Name | <b>Retail (30 day supply):</b><br>\$7 Generic<br>\$25 Preferred Brand Name<br>\$40 Non-Preferred Brand<br><br><b>Mail Order (90 day supply):</b><br>\$15 Generic<br>\$60 Preferred Brand Name<br>\$90 Non-Preferred Brand | <b>Retail (30 day supply):</b><br>\$10 Generic<br>\$40 Brand Preferred<br>\$100 Brand Non-Preferred<br><br><b>Mail Order (90 day supply):</b><br>\$25 Generic<br>\$100 Brand Preferred<br>\$250 Brand Non-Preferred | Paid at 60% AFTER deductible is met | <b>Subject to Deductible, then:</b><br>Retail (30 day supply):<br>no more than \$25 generic<br>no more than \$50 brand<br><br><b>Mail Order (90 day supply):</b><br>no more than \$50 generic<br>no more than \$100 brand |

| 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](mailto:cusdbusiness@colusa.k12.ca.us) for couple rates if one member is 65 or over.