



CALIFORNIA'S VALUED TRUST (CVT) PPO PLAN OPTIONS

Plan Year: October 1, 2024 - September 30, 2025

CERTIFICATED RETIREE WITH MEDICARE

Updated: 5.13.24

MEDICAL PLAN OPTIONS					
MEDICAL & PRESCRIPTION PLANS		1A	4A	8A	10D
PREMIUM	Single	\$600	\$560	\$511	\$352
	Couple	\$1,148	\$1,063	\$959	\$662
	Family	\$1,566	\$1,443	\$1,292	\$894
CALENDAR YEAR DEDUCTIBLE	Single	\$0	\$100	\$500	\$2,000
	Couple	\$0	\$200	\$1,000	\$4,000
	Family	\$0	\$200	\$1,000	\$4,000
COPAY	Your cost after deductible is met	0%	10%	20%	20%
CALENDAR YEAR OUT - OF - POCKET MAXIMUM	Per Individual	\$1,250	\$1,250	\$3,250	\$6,350
	Per Family	\$2,500	\$2,500	\$6,500	\$12,700
	Per individual in a family	\$1,250	\$1,250	\$3,250	\$6,350
OFFICE VISIT COPAY		\$10	\$20	\$30	Paid at 80% after deductible is met

PRESCRIPTION PLAN NAME	A	WELLNESS	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): \$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

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

District CAP: \$11,004.80

Retired Members Enrolled in Medicare
1. MDLIVE Behavioral Health visits are excluded 2. Pharmacy cost share will not apply to out of packet maximums 3. CVT PPO Plans 1-10 pay according to non duplication of Medicare benefits therefore those plan designs are inclusive of Medicare's payment