



CALIFORNIA'S VALUED TRUST (CVT) PPO PLAN OPTIONS

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

CERTIFICATED RETIREES UNDER 65

Updated: 5.15.24

MEDICAL PLAN OPTIONS								
MEDICAL & PRESCRIPTION PLANS		1A	4A	WELLNESS	8A	10D	HDHP-3	BRONZE
PREMIUM COST	Single	\$1,900	\$1,696	\$1,569	\$1,429	\$1,021	\$751	\$814
	Couple	\$3,268	\$2,916	\$2,698	\$2,457	\$1,755	\$1,292	\$1,399
	Family	\$4,123	\$3,680	\$3,404	\$3,100	\$2,215	\$1,630	\$1,766
CALENDAR YEAR DEDUCTIBLE	Single	\$0	\$100	\$500	\$500	\$2,000	\$6,500	\$5,000
	Couple	\$0	\$200	\$1,000	\$1,000	\$4,000	\$13,000	\$10,000
	Family	\$0	\$200	\$1,000	\$1,000	\$4,000	\$13,000	\$10,000
COPAY	Your cost after deductible is met	0%	10%	10%	20%	20%	30%	30%
CALENDAR YEAR OUT - OF - POCKET MAXIMUM	Per Individual	\$1,250	\$1,250	\$6,350	\$3,250	\$6,350	\$8,000	\$7,000
	Per Family	\$2,500	\$2,500	\$12,700	\$6,500	\$12,700	\$16,000	\$14,000
	Per individual in a family	\$1,250	\$1,250	\$6,350	\$3,250	\$6,350	\$8,000	\$7,000
OFFICE VISIT COPAY		\$10	\$20	\$20 Primary \$40 Specialty	\$30	Paid at 80% after deductible is met	\$60 Primary \$90 Specialty after deductible is met	\$60 up to 3 visits/ Pd at 70% after deductible is met
MD LIVE COPAY		\$0	\$0	\$0	\$0	\$0	Paid after deductible is met	\$0

PRESCRIPTION PLAN NAME	A	WELLNESS	D	HDHP-3 & BRONZE
<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	Retail (30 day supply): Paid after deductible is met \$25 Generic \$50 Brand Name Mail Order (90 day supply): \$50 Generic \$100 Brand 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

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