



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

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

CLASSIFIED

Updated: 7.23.2024

MEDICAL PLAN OPTIONS								
MONTHLY PREMIUM- (Medical & Prescription)		3B	WELLNESS	8C	10D	HDHP-1	HDHP-3	BRONZE
		\$2,324	\$2,082	\$1,835	\$1,344	\$1,397	\$1,048	\$1,138
CALENDAR YEAR DEDUCTIBLE	Per Individual	\$100	\$500	\$500	\$2,000	\$1,600	\$6,500	\$5,000
	Per Family	\$200	\$1,000	\$1,000	\$4,000	\$3,200	\$13,000	\$10,000
COPAY	Your cost after deductible is met	0%	10%	20%	20%	10%	30%	30%
CALENDAR YEAR OUT - OF - POCKET MAXIMUM	Per Individual	\$1,250	\$1,750	\$3,250	\$6,350	\$5,000	\$8,000	\$7,000
	Per Family	\$2,500	\$3,500	\$6,500	\$12,700	\$10,000	\$16,000	\$14,000
	Per individual in a family	\$1,250	\$1,750	\$3,250	\$6,350	\$5,000	\$8,000	\$7,000
OFFICE VISIT COPAY		\$20	\$20 Primary \$40 Specialty	\$30	Paid at 80% after deductible is met	Paid at 90% after deductible is met	\$60 Primary \$90 Specialty after deductible is met	\$60 up to 3 visits/ Paid at 70% after deductible is met
MD LIVE COPAY		\$0	\$0	\$0	\$0	Paid after deductible is met	Paid after deductible is met	\$0

PRESCRIPTION PLAN NAME	B	C / Wellness	D	HDHP-1 / HDHP-3 / Bronze
Prescription plans are paired with a medical plan as listed above. Example: 3B Medical Plan includes the 'B' Prescription Plan	<b>Retail (30 day supply):</b> \$7 Generic \$15 Preferred Brand Name \$30 Non-Preferred Brand	<b>Retail (30 day supply):</b> \$7 Generic \$25 Preferred Brand Name \$40 Non-Preferred Brand	<b>Retail (30 day supply):</b> \$10 Generic \$40 Brand Preferred \$100 Brand Non-Preferred	<b>Retail (30 day supply):</b> Paid after deductible is met \$25 Generic \$50 Brand Name
	<b>Mail Order (90 day supply):</b> \$15 Generic \$35 Preferred Brand Name \$70 Non-Preferred Brand	<b>Mail Order (90 day supply):</b> \$15 Generic \$60 Preferred Brand Name \$90 Non-Preferred Brand	<b>Mail Order (90 day supply):</b> \$25 Generic \$100 Brand Preferred \$250 Brand Non-Preferred	<b>Mail Order (90 day supply):</b> \$50 Generic \$100 Brand Preferred

DISTRICT & EMPLOYEE COST	PLAN CHOICES	Plan 3B	WELLNESS	Plan 8C	10D	HDHP-1	HDHP-3	BRONZE
<b>Misc. Information:</b> Classified employees pay insurance premiums one month in <b>advance</b> : Example-The premium paid in August is for September coverage.  <b>District Paid Monthly Cap</b> 10 month employee:\$1,071.15 11 month employee: \$973.77 12 month employee: \$892.63	Medical/Prescription	\$2,324.00	\$2,082.00	\$1,835.00	\$1,344.00	\$1,397.00	\$1,048.00	\$1,138.00
	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	\$2,461.88	\$2,219.88	\$1,972.88	\$1,481.88	\$1,534.88	\$1,185.88	\$1,275.88
	Total Annual Package Cost	\$29,542.56	\$26,638.56	\$23,674.56	\$17,782.56	\$18,418.56	\$14,230.56	\$15,310.56
	<b>Less District Paid Annual CAP</b>	<b>-\$10,711.52</b>	<b>-\$10,711.52</b>	<b>-\$10,711.52</b>	<b>-\$10,711.52</b>	<b>-\$10,711.52</b>	<b>-\$10,711.52</b>	<b>-\$10,711.52</b>
	Total Annual Cost to Employee	\$18,831.04	\$15,927.04	\$12,963.04	\$7,071.04	\$7,707.04	\$3,519.04	\$4,599.04
Employee cost will differ from listed prices for late starts or mid year hires	<b>10 Month Employee Cost (Contract Aug-May)</b>	<b>\$1,883.10</b>	<b>\$1,592.70</b>	<b>\$1,296.30</b>	<b>\$707.10</b>	<b>\$770.70</b>	<b>\$351.90</b>	<b>\$459.90</b>
	<b>11 Month Employee Cost (Contract Aug-June)</b>	<b>\$1,711.91</b>	<b>\$1,447.91</b>	<b>\$1,178.46</b>	<b>\$642.82</b>	<b>\$700.64</b>	<b>\$319.91</b>	<b>\$418.09</b>
	<b>12 Month Employee Cost (Contract July-June)</b>	<b>\$1,569.25</b>	<b>\$1,327.25</b>	<b>\$1,080.25</b>	<b>\$589.25</b>	<b>\$642.25</b>	<b>\$293.25</b>	<b>\$383.25</b>