



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

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

MANAGEMENT - BOARD - CONFIDENTIAL

Updated: 5.13.24

MEDICAL PLAN OPTIONS								
MONTHLY PREMIUM- (Medical & Prescription)		4B	WELLNESS	8C	10D	HDHP-1	HDHP-3	BRONZE
		\$2,232	\$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	10%	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	4B	WELLNESS	8C	10D	HDHP-1	HDHP-3	BRONZE
<b>Misc. Information:</b>  Management/Board/Confidential employees pay insurance premiums one month in <b>advance</b> : Example-The premium paid in August is for the month of September coverage.  <b>District Monthly Cap: \$918.65</b>	Medical/Prescription	\$2,232.00	\$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 Monthly Package Cost	\$2,369.88	\$2,219.88	\$1,972.88	\$1,481.88	\$1,534.88	\$1,185.88	\$1,275.88
	Total Annual Package Cost	\$28,438.56	\$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>-\$11,023.76</b>	<b>-\$11,023.76</b>	<b>-\$11,023.76</b>	<b>-\$11,023.76</b>	<b>-\$11,023.76</b>	<b>-\$11,023.76</b>	<b>-\$11,023.76</b>
	Total Annual Cost to Employee	\$17,414.80	\$15,614.80	\$12,650.80	\$6,758.80	\$7,394.80	\$3,206.80	\$4,286.80
Employee cost will differ from listed prices for late starts or mid year hires	<b>10 Month Employee Cost (Contract Aug-May)</b>	<b>\$1,741.48</b>	<b>\$1,561.48</b>	<b>\$1,265.08</b>	<b>\$675.88</b>	<b>\$739.48</b>	<b>\$320.68</b>	<b>\$428.68</b>
	<b>11 Month Employee Cost (Contract Aug-May)</b>	<b>\$1,583.16</b>	<b>\$1,419.53</b>	<b>\$1,150.07</b>	<b>\$614.44</b>	<b>\$672.25</b>	<b>\$291.53</b>	<b>\$389.71</b>
	<b>12 Month Employee Cost (Contract July-June)</b>	<b>\$1,451.23</b>	<b>\$1,301.23</b>	<b>\$1,054.23</b>	<b>\$563.23</b>	<b>\$616.23</b>	<b>\$267.23</b>	<b>\$357.23</b>