



# CALIFORNIA'S VALUED TRUST (CVT) PPO PLAN OPTIONS CERTIFICATED RETIREE WITH MEDICARE (65 AND OLDER)

PLAN YEAR: OCTOBER 1, 2018 - SEPTEMBER 30, 2019

[www.cvtrust.org](http://www.cvtrust.org)

MEDICAL PLAN OPTIONS				
	1A	4A	8A	10D
MONTHLY PREMIUM- Single (Health & Prescription)	\$523	\$488	\$445	\$314
MONTHLY PREMIUM- *Couple (Health & Prescription)	\$1,000	\$926	\$835	\$590
MONTHLY PREMIUM- *Family (Health & Prescription)	\$1,361	\$1,254	\$1,123	\$793
INDIVIDUAL DEDUCTIBLE	\$0	\$100	\$500	\$2,000
FAMILY DEDUCTIBLE	\$0	\$300	\$1,500	\$6,000
COINSURANCE (after deductible is met)	100%	90%	80%	80%
CALENDAR OUT OF POCKET MAX PER INDIVIDUAL	\$1,250	\$1,250	\$3,250	\$6,350
CALENDAR OUT OF POCKET MAX PER FAMILY	\$3,750	\$3,750	\$9,750	\$12,700
OFFICE VISIT COPAY	\$10	\$20	\$30	Pd at 80% after deductible is met
MD LIVE COPAY	\$5	\$5	\$5	\$5

PRESCRIPTION PLAN NAME	A	D
<i>Prescription plans are paired with a medical plan as listed above. Example: 1A Medical Plan includes the 'A' Prescription Plan</i>	<b>Retail (30 day supply):</b> \$5 Generic \$22 Brand Name  <b>Mail Order (90 day supply):</b> \$10 Generic \$44 Brand Name	<b>Retail (30 day supply):</b> \$10 Generic 30% min \$25/max \$40 50% min \$40/max \$100  <b>Mail Order (90 day supply):</b> \$25 Generic 30% min \$65/max \$100 50% min \$125/max \$250

VISION & DENTAL	SINGLE	COUPLE	FAMILY
VISION B-\$15 Copay	\$10.69	\$19.87	\$30.60
DENTAL	\$76.12	\$137.87	\$198.20

\* Please contact Business Services Department at [cusdbusiness@colusa.k12.ca.us](mailto:cusdbusiness@colusa.k12.ca.us) for couple rates if one member is under the age of 65.