



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

## CERTIFICATED RETIREE UNDER THE AGE OF 65

PLAN YEAR: OCTOBER 1, 2019 - SEPTEMBER 30, 2020

MEDICAL PLAN OPTIONS							
	1A	4A	WELLNESS	8A	10D	BRONZE	HDHP-3
<b>MONTHLY PREMIUM- Single</b> (Health & Prescription)	<b>\$1,581</b>	<b>\$1,411</b>	<b>\$1,305</b>	<b>\$1,189</b>	<b>\$849</b>	<b>\$687</b>	<b>\$709</b>
<b>MONTHLY PREMIUM-*Couple</b> (Health & Prescription)	<b>\$2,720</b>	<b>\$2,427</b>	<b>\$2,244</b>	<b>\$2,046</b>	<b>\$1,461</b>	<b>\$1,182</b>	<b>\$1,220</b>
<b>MONTHLY PREMIUM-*Family</b> (Health & Prescription)	<b>\$3,431</b>	<b>\$3,062</b>	<b>\$2,832</b>	<b>\$2,580</b>	<b>\$1,843</b>	<b>\$1,490</b>	<b>\$1,538</b>
INDIVIDUAL DEDUCTIBLE	\$0	\$100	\$500	\$500	\$2,000	\$5,000	\$1,500
FAMILY DEDUCTIBLE	\$0	\$200	\$1,000	\$1,000	\$4,000	\$10,000	\$3,000
COINSURANCE (after deductible is met)	100%	90%	90%	80%	80%	70%	60%
CALENDAR OUT OF POCKET MAX PER INDIVIDUAL	\$1,250	\$1,250	\$1,750	\$3,250	\$6,350	\$6,350	\$6,250
CALENDAR OUT OF POCKET MAX PER FAMILY	\$2,500	\$2,500	\$3,500	\$6,500	\$12,700	\$12,700	\$12,500
OFFICE VISIT COPAY	\$10	\$20	\$20 Primary \$40 Specialty	\$30	Pd at 80% after deductible is met	\$60 up to 3 visits	Pd at 60% after deductible is met
MD LIVE COPAY	\$5	\$5	\$5	\$5	\$5	\$5	Pd at 60% after deductible is met

PRESCRIPTION PLAN NAME	A	WELLNESS	D	BRONZE	HDHP-3
<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> \$7 Generic \$25 Preferred Brand Name \$40 Non-Preferred Brand  <b>Mail Order (90 day supply):</b> \$15 Generic \$60 Preferred Brand Name \$90 Non-Preferred Brand	<b>Retail (30 day supply):</b> \$10 Generic \$40 Brand Preferred \$100 Brand Non-Preferred  <b>Mail Order (90 day supply):</b> \$25 Generic \$100 Brand Preferred \$250 Brand Non-Preferred	<b>Subject to Deductible, then:</b> Retail (30 day supply): no more than \$25 generic no more than \$50 brand  <b>Mail Order (90 day supply):</b> no more than \$50 generic no more than \$100 brand	Paid at 60% AFTER deductible is met

VISION & DENTAL	SINGLE	COUPLE	FAMILY
VISION B-\$15 Copay	\$10.37	\$19.27	\$29.68
DENTAL	\$71.51	\$129.52	\$186.20

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