



CALIFORNIA'S VALUED TRUST (CVT) PPO PLAN OPTIONS

CERTIFICATED EMPLOYEES-COUPLES (both covered by CVT with composit rate structure)

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

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MEDICAL PLAN NAME							
	1A	4A	WELLNESS	8A	10D	BRONZE	HDHP-3
MONTHLY PREMIUM- (Health & Prescription)	\$1,456	\$1,292	\$1,200	\$1,078	\$778	\$667	\$687
INDIVIDUAL DEDUCTIBLE	\$0	\$100	\$500	\$500	\$2,000	\$5,000	\$1,500
FAMILY DEDUCTIBLE	\$0	\$300	\$1,000	\$1,500	\$6,000	\$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	\$3,750	\$3,750	\$5,250	\$9,750	\$12,700	\$12,700	\$12,500
OFFICE VISIT COPAY	\$10	\$20	\$40	\$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	\$40

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>	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 30% min \$25/max \$40 50% min \$40/max \$100 Mail Order (90 day supply): \$25 Generic 30% min \$65/max \$125 50% min \$100/max \$250	Subject to Deductible, then: Retail (30 day supply): no more than \$25 generic no more than \$50 brand Mail Order (90 day supply): no more than \$50 generic no more than \$100 brand	Paid at 60% AFTER deductible is met

DISTRICT & EMPLOYEE COST	PLAN CHOICES	1A	4A	Wellness	8A	10D	BRONZE	HDHP-3
Misc Information: <i>Certificated employees pay insurance premiums one month in advance: Example-The premium paid in August is for September coverage.</i> <i>Monthly premium cost is calculated for 12 months of insurance. Employee monthly premium contributions are averaged annually and deducted in each end of month pay check.</i> <i>Employee cost will differ from listed monthly prices for late starts or mid year hires</i> <i>Negative amounts are added to each pay check</i>	Medical/Prescription	\$1,456.00	\$1,292.00	\$1,200.00	\$1,078.00	\$778.00	\$667.00	\$687.00
	Vision B \$10 Copay	\$16.98	\$16.98	\$16.98	\$16.98	\$16.98	\$16.98	\$16.98
	Dental Unlimited Annual	\$131.25	\$131.25	\$131.25	\$131.25	\$131.25	\$131.25	\$131.25
	Total Monthly Package Cost	\$1,604.23	\$1,440.23	\$1,348.23	\$1,226.23	\$926.23	\$815.23	\$835.23
	Total Annual Package Cost	\$19,250.76	\$17,282.76	\$16,178.76	\$14,714.76	\$11,114.76	\$9,782.76	\$10,022.76
	Less Annual District Paid CAP	(\$10,504.80)	(\$10,504.80)	(\$10,504.80)	(\$10,504.80)	(\$10,504.80)	(\$10,504.80)	(\$10,504.80)
	Total Annual Cost to Employee	\$8,745.96	\$6,777.96	\$5,673.96	\$4,209.96	\$609.96	(\$722.04)	(\$482.04)
	12 Month Employee Cost (Contract July-June)	\$728.83	\$564.83	\$472.83	\$350.83	\$50.83	(\$60.17)	(\$40.17)
	11 Month Employee Cost (Contract Aug-June)	\$795.09	\$616.18	\$515.81	\$382.72	\$55.45	(\$65.64)	(\$43.82)
	10 Month Employee Cost (Contract Aug-May)	\$874.60	\$677.80	\$567.40	\$421.00	\$61.00	(\$72.20)	(\$48.20)