



CALIFORNIA'S VALUED TRUST (CVT) PPO PLAN OPTIONS MANAGEMENT/BOARD/CONFIDENTIAL MEMBERS

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

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MEDICAL PLAN OPTIONS							
	4B	WELLNESS	7D	8C	10D	BRONZE	HDHP-3
MONTHLY PREMIUM- (Health & Prescription)	\$1,713	\$1,599	\$1,501	\$1,410	\$1,037	\$889	\$915
INDIVIDUAL DEDUCTIBLE	\$100	\$500	\$250	\$500	\$2,000	\$5,000	\$1,500
FAMILY DEDUCTIBLE	\$300	\$1,000	\$750	\$1,500	\$6,000	\$10,000	\$3,000
COINSURANCE (after deductible is met)	90%	90%	80%	80%	80%	70%	60%
CALENDAR OUT OF POCKET MAX PER INDIVIDUAL	\$1,250	\$1,750	\$2,000	\$3,250	\$6,350	\$6,350	\$6,250
CALENDAR OUT OF POCKET MAX PER FAMILY	\$3,750	\$5,250	\$6,000	\$9,750	\$12,700	\$12,700	\$12,500
OFFICE VISIT COPAY	\$20	\$20 Primary \$40 Specialty	\$30	\$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	B	C / WELLNESS	D	BRONZE	HDHP-3
<i>Prescription plans are paired with a medical plan as listed above. Example: 3B Medical Plan includes the 'B' Prescription Plan</i>	Retail (30 day supply): \$7 Generic \$15 Preferred Brand Name \$30 Non-Preferred Brand Mail Order (90 day supply): \$15 Generic \$35 Preferred Brand Name \$70 Non-Preferred Brand	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 \$125/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	4B	WELLNESS	7D	8C	10D	BRONZE	HDHP-3
Misc. Information: <i>Management/Board/Confidential employees pay insurance premiums one month in arrears: Example-The premium paid in the month of August is for the month of August coverage.</i> <i>Employee cost will differ from listed prices for late starts or mid year hires</i>	Medical/Prescription	\$ 1,713.00	\$ 1,599.00	\$ 1,501.00	\$ 1,410.00	\$ 1,037.00	\$ 889.00	\$ 915.00
	Vision B \$15 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 Package Cost	\$ 1,861.23	\$ 1,747.23	\$ 1,649.23	\$ 1,558.23	\$ 1,185.23	\$ 1,037.23	\$ 1,063.23
	Total Annual Package Cost	\$ 22,334.76	\$ 20,966.76	\$ 19,790.76	\$ 18,698.76	\$ 14,222.76	\$ 12,446.76	\$ 12,758.76
	Less District Paid Annual CAP	\$ (10,523.76)	\$ (10,523.76)	\$ (10,523.76)	\$ (10,523.76)	\$ (10,523.76)	\$ (10,523.76)	\$ (10,523.76)
	Total Annual Cost to Employee	\$ 11,811.00	\$ 10,443.00	\$ 9,267.00	\$ 8,175.00	\$ 3,699.00	\$ 1,923.00	\$ 2,235.00
	12 Month Employee Cost (Contract July - June)	\$ 984.25	\$ 870.25	\$ 772.25	\$ 681.25	\$ 308.25	\$ 160.25	\$ 186.25
	11 Month Employee Cost (Contract Aug-June)	\$ 1,073.73	\$ 949.36	\$ 842.45	\$ 743.18	\$ 336.27	\$ 174.82	\$ 203.18