



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

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

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

| MEDICAL PLAN NAME                                   |                |                |                |                |                                   |                     |                                   |
|---|----------------|----------------|----------------|----------------|-----------------------------------|---------------------|-----------------------------------|
|   | 1A             | 4A             | WELLNESS       | 8A             | 10D                               | BRONZE              | HDHP-3                            |
| <b>MONTHLY PREMIUM- (Health &amp; Prescription)</b> | <b>\$1,488</b> | <b>\$1,320</b> | <b>\$1,226</b> | <b>\$1,101</b> | <b>\$791</b>                      | <b>\$681</b>        | <b>\$701</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           | \$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> | <b>Retail (30 day supply):</b><br>\$5 Generic<br>\$22 Brand Name<br><br><b>Mail Order (90 day supply):</b><br>\$10 Generic<br>\$44 Brand Name | <b>Retail (30 day supply):</b><br>\$7 Generic<br>\$25 Preferred Brand Name<br>\$40 Non-Preferred Brand<br><br><b>Mail Order (90 day supply):</b><br>\$15 Generic<br>\$60 Preferred Brand Name<br>\$90 Non-Preferred Brand | <b>Retail (30 day supply):</b><br>\$10 Generic<br>\$40 Brand Preferred<br>\$100 Brand Non-Preferred<br><br><b>Mail Order (90 day supply):</b><br>\$25 Generic<br>\$100 Brand Preferred<br>\$250 Brand Non-Preferred | <b>Subject to Deductible, then:</b><br>Retail (30 day supply):<br>no more than \$25 generic<br>no more than \$50 brand<br><br><b>Mail Order (90 day supply):</b><br>no more than \$50 generic<br>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        |
|---|---|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| <b>Misc Information:</b><br><br><i>Certificated employees pay insurance premiums one month in advance: Example-The premium paid in August is for September coverage.</i><br><br><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><br><br><i>Employee cost will differ from listed monthly prices for late starts or mid year hires</i><br><br><i>Negative amounts are added to each pay check</i> | Medical/Prescription                        | \$1,488.00    | \$1,320.00    | \$1,226.00    | \$1,101.00    | \$791.00      | \$681.00      | \$701.00      |
|   | 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                  | \$1,636.23    | \$1,468.23    | \$1,374.23    | \$1,249.23    | \$939.23      | \$829.23      | \$849.23      |
|   | Total Annual Package Cost                   | \$19,634.76   | \$17,618.76   | \$16,490.76   | \$14,990.76   | \$11,270.76   | \$9,950.76    | \$10,190.76   |
|   | 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               | \$9,129.96    | \$7,113.96    | \$5,985.96    | \$4,485.96    | \$765.96      | (\$554.04)    | (\$314.04)    |
|   | 10 Month Employee Cost (Contract Aug-May)   | \$913.00      | \$711.40      | \$598.60      | \$448.60      | \$76.60       | (\$55.40)     | (\$31.40)     |
|   | 11 Month Employee Cost (Contract Aug-June)  | \$830.00      | \$646.72      | \$544.18      | \$407.81      | \$69.63       | (\$50.37)     | (\$28.55)     |
|   | 12 Month Employee Cost (Contract July-June) | \$760.83      | \$592.83      | \$498.83      | \$373.83      | \$63.83       | (\$46.17)     | (\$26.17)     |