



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

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

MEDICAL PLAN OPTIONS							
	4B	WELLNESS	7D	8C	10D	BRONZE	HDHP-3
<b>MONTHLY PREMIUM- (Health &amp; Prescription)</b>	<b>\$1,751</b>	<b>\$1,634</b>	<b>\$1,528</b>	<b>\$1,440</b>	<b>\$1,055</b>	<b>\$908</b>	<b>\$935</b>
INDIVIDUAL DEDUCTIBLE	\$100	\$500	\$250	\$500	\$2,000	\$5,000	\$1,500
FAMILY DEDUCTIBLE	\$200	\$1,000	\$500	\$1,000	\$4,000	\$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	\$2,500	\$3,500	\$4,000	\$6,500	\$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>	<b>Retail (30 day supply):</b> \$7 Generic \$15 Preferred Brand Name \$30 Non-Preferred Brand  <b>Mail Order (90 day supply):</b> \$15 Generic \$35 Preferred Brand Name \$70 Non-Preferred Brand	<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

DISTRICT & EMPLOYEE COST	PLAN CHOICES	4B	WELLNESS	7D	8C	10D	BRONZE	HDHP-3
<b>Misc. Information:</b>  <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>  Monthly CAP: \$876.98  <i>Employee cost will differ from listed prices for late starts or mid year hires</i>	Medical/Prescription	\$ 1,751.00	\$ 1,634.00	\$ 1,528.00	\$ 1,440.00	\$ 1,055.00	\$ 908.00	\$ 935.00
	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/Mo	\$ 1,899.23	\$ 1,782.23	\$ 1,676.23	\$ 1,588.23	\$ 1,203.23	\$ 1,056.23	\$ 1,083.23
	Total Annual Package Cost	\$ 22,790.76	\$ 21,386.76	\$ 20,114.76	\$ 19,058.76	\$ 14,438.76	\$ 12,674.76	\$ 12,998.76
	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	\$ 12,267.00	\$ 10,863.00	\$ 9,591.00	\$ 8,535.00	\$ 3,915.00	\$ 2,151.00	\$ 2,475.00
	11 Month Employee Cost (Contract Aug-June)	\$ 1,115.18	\$ 987.55	\$ 871.91	\$ 775.91	\$ 355.91	\$ 195.55	\$ 225.00
	12 Month Employee Cost (Contract July - June)	\$ 1,022.25	\$ 905.25	\$ 799.25	\$ 711.25	\$ 326.25	\$ 179.25	\$ 206.25