



CALIFORNIA'S VALUED TRUST (CVT) PPO PLAN OPTIONS

CLASSIFIED EMPLOYEES

PLAN YEAR: October 1, 2018 - September 30, 2019

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MEDICAL PLAN OPTIONS							
	3B	6B	WELLNESS	8C	10D	BRONZE	HDHP-3
MONTHLY PREMIUM- (Health & Prescription)	\$1,784	\$1,578	\$1,599	\$1,410	\$1,037	\$889	\$915
INDIVIDUAL DEDUCTIBLE	\$100	\$250	\$500	\$500	\$2,000	\$5,000	\$1,500
FAMILY DEDUCTIBLE	\$300	\$750	\$1,000	\$1,500	\$6,000	\$10,000	\$3,000
COINSURANCE (after deductible is met)	100%	80%	90%	80%	80%	70%	60%
CALENDAR OUT OF POCKET MAX PER INDIVIDUAL	\$1,250	\$2,000	\$1,750	\$3,250	\$6,350	\$6,350	\$6,250
CALENDAR OUT OF POCKET MAX PER FAMILY	\$3,750	\$6,000	\$5,250	\$9,750	\$12,700	\$12,700	\$12,500
OFFICE VISIT COPAY	\$20	\$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	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	Plan 3B	Plan 6B	WELLNESS	Plan 8C	10D	BRONZE	HDHP-3
Misc. Information: <i>Classified 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	\$ 1,784.00	\$ 1,578.00	\$ 1,599.00	\$ 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	\$ 1,932.23	\$ 1,726.23	\$ 1,747.23	\$ 1,558.23	\$ 1,185.23	\$ 1,037.23	\$ 1,063.23
	Total Annual Package Cost	\$ 23,186.76	\$ 20,714.76	\$ 20,966.76	\$ 18,698.76	\$ 14,222.76	\$ 12,446.76	\$ 12,758.76
	Less District Paid Annual CAP	\$ (10,211.52)	\$ (10,211.52)	\$ (10,211.52)	\$ (10,211.52)	\$ (10,211.52)	\$ (10,211.52)	\$ (10,211.52)
	Total Annual Cost to Employee	\$ 12,975.24	\$ 10,503.24	\$ 10,755.24	\$ 8,487.24	\$ 4,011.24	\$ 2,235.24	\$ 2,547.24
	12 Month Employee Cost (Contract July-June)	\$ 1,081.27	\$ 875.27	\$ 896.27	\$ 707.27	\$ 334.27	\$ 186.27	\$ 212.27
	11 Month Employee Cost (Contract Aug-June)	\$ 1,179.57	\$ 954.84	\$ 977.75	\$ 771.57	\$ 364.66	\$ 203.20	\$ 231.57
	10 Month Employee Cost (Contract Aug-May)	\$ 1,297.52	\$ 1,050.32	\$ 1,075.52	\$ 848.72	\$ 401.12	\$ 223.52	\$ 254.72