



CALIFORNIA'S VALUED TRUST (CVT) PPO PLAN OPTIONS

CLASSIFIED EMPLOYEES

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

MEDICAL PLAN OPTIONS							
	3B	6B	WELLNESS	8C	10D	BRONZE	HDHP-3
MONTHLY PREMIUM- (Health & Prescription)	\$1,824	\$1,612	\$1,634	\$1,440	\$1,055	\$908	\$935
INDIVIDUAL DEDUCTIBLE	\$100	\$250	\$500	\$500	\$2,000	\$5,000	\$1,500
FAMILY DEDUCTIBLE	\$200	\$500	\$1,000	\$1,000	\$4,000	\$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	\$2,500	\$4,000	\$3,500	\$6,500	\$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 \$40 Brand Preferred \$100 Brand Non-Preferred Mail Order (90 day supply): \$25 Generic \$100 Brand Preferred \$250 Brand Non-Preferred	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> District Paid Monthly Cap 10 month employee: \$1021.15 11 month employee: \$928.32 12 month employee: \$850.96 <i>Employee cost will differ from listed prices for late starts or mid year hires</i>	Medical/Prescription	\$ 1,824.00	\$ 1,612.00	\$ 1,634.00	\$ 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	\$ 1,972.23	\$ 1,760.23	\$ 1,782.23	\$ 1,588.23	\$ 1,203.23	\$ 1,056.23	\$ 1,083.23
	Total Annual Package Cost	\$ 23,666.76	\$ 21,122.76	\$ 21,386.76	\$ 19,058.76	\$ 14,438.76	\$ 12,674.76	\$ 12,998.76
	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	\$ 13,455.24	\$ 10,911.24	\$ 11,175.24	\$ 8,847.24	\$ 4,227.24	\$ 2,463.24	\$ 2,787.24
	10 Month Employee Cost (Contract Aug-May)	\$ 1,345.52	\$ 1,091.12	\$ 1,117.52	\$ 884.72	\$ 422.72	\$ 246.32	\$ 278.72
	11 Month Employee Cost (Contract Aug-June)	\$ 1,223.20	\$ 991.93	\$ 1,015.93	\$ 804.29	\$ 384.29	\$ 223.93	\$ 253.39
	12 Month Employee Cost (Contract July-June)	\$ 1,121.27	\$ 909.27	\$ 931.27	\$ 737.27	\$ 352.27	\$ 205.27	\$ 232.27