

CALIFORNIA'S VALUED TRUST (CVT) PPO PLAN OPTIONS CERTIFICATED EMPLOYEES-COUPLES (both covered by CVT with composit rate structure)

PLAN YEAR: OCTOBER 1, 2020 - SEPTEMBER 30, 2021

MEDICAL PLAN NAME								
	1A	4A	WELLNESS	8A	10D	BRONZE	HDHP-3	
MONTHLY PREMIUM- (Health & Prescription)	\$1,531	\$1,358	\$1,261	\$1,133	\$814	\$701	\$722	
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	Α	WELLNESS	D	BRONZE	HDHP-3
Prescription plans are paired with a medical plan as listed above. Example: 1A Medical Plan includes the 'A' Prescription Plan	Retail (30 day supply): \$5 Generic \$22 Brand Name	Retail (30 day supply): \$7 Generic \$25 Preferred Brand Name \$40 Non-Preferred Brand	Retail (30 day supply): \$10 Generic \$40 Brand Preferred \$100 Brand Non-Preferred	Subject to Deductible, then: Retail (30 day supply): no more than \$25 generic no more than \$50 brand	Paid at 60% AFTER
	Mail Order (90 day supply): \$10 Generic \$44 Brand Name	Mail Order (90 day supply): \$15 Generic \$60 Preferred Brand Name \$90 Non-Prefered Brand	Mail Order (90 day supply): \$25 Generic \$100 Brand Preferred \$250 Brand Non-Preferred	Mail Order (90 day supply): no more than \$50 generic no more than \$100 brand	deductible is met

DISTRICT & EMPLOYEE COST	PLAN CHOICES	1A	4A	Wellness	8A	10D	BRONZE	HDHP-3
Misc Information:	Medical/Prescription	\$1,531.00	\$1,358.00	\$1,261.00	\$1,133.00	\$814.00	\$701.00	\$722.00
Certificated employees pay insurance premiums one month in advance: Example-The premium paid in August is for September coverage.	Vision B \$10 Copay	\$16.18	\$16.18	\$16.18	\$16.18	\$16.18	\$16.18	\$16.18
	Dental Unlimited Annual	\$128.12	\$128.12	\$128.12	\$128.12	\$128.12	\$128.12	\$128.12
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.	Total Monthly Package Cost	\$1,675.30	\$1,502.30	\$1,405.30	\$1,277.30	\$958.30	\$845.30	\$866.30
	Total Annual Package Cost	\$20,103.60	\$18,027.60	\$16,863.60	\$15,327.60	\$11,499.60	\$10,143.60	\$10,395.60
	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	\$9,598.80	\$7,522.80	\$6,358.80	\$4,822.80	\$994.80	(\$361.20)	(\$109.20)
Employee cost will differ from listed monthly prices for late starts or mid year hires	10 Month Employee Cost (Contract Aug-May)	\$959.88	\$752.28	\$635.88	\$482.28	\$99.48	(\$36.12)	(\$10.92)
Negative amounts are added to each pay check	11 Month Employee Cost (Contract Aug-June)	\$872.62	\$683.89	\$578.07	\$438.44	\$90.44	(\$32.84)	(\$9.93)
	12 Month Employee Cost (Contract July-June)	\$799.90	\$626.90	\$529.90	\$401.90	\$82.90	(\$30.10)	(\$9.10)