



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

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

MEDICAL PLAN OPTIONS							
	4B	WELLNESS	7D	8C	10D	BRONZE	HDHP-3
MONTHLY PREMIUM- (Health & Prescription)	\$1,802	\$1,681	\$1,572	\$1,482	\$1,085	\$934	\$962
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>	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	4B	WELLNESS	7D	8C	10D	BRONZE	HDHP-3
Misc. Information: <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	\$ 1,802.00	\$ 1,681.00	\$ 1,572.00	\$ 1,482.00	\$ 1,085.00	\$ 934.00	\$ 962.00
	Vision B \$15 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
	Total Package Cost/Mo	\$ 1,946.30	\$ 1,825.30	\$ 1,716.30	\$ 1,626.30	\$ 1,229.30	\$ 1,078.30	\$ 1,106.30
	Total Annual Package Cost	\$ 23,355.60	\$ 21,903.60	\$ 20,595.60	\$ 19,515.60	\$ 14,751.60	\$ 12,939.60	\$ 13,275.60
	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	\$ 12,831.84	\$ 11,379.84	\$ 10,071.84	\$ 8,991.84	\$ 4,227.84	\$ 2,415.84	\$ 2,751.84
	11 Month Employee Cost (Contract Aug-June)	\$ 1,166.53	\$ 1,034.53	\$ 915.62	\$ 817.44	\$ 384.35	\$ 219.62	\$ 250.17
	12 Month Employee Cost (Contract July - June)	\$ 1,069.32	\$ 948.32	\$ 839.32	\$ 749.32	\$ 352.32	\$ 201.32	\$ 229.32