



# CALIFORNIA'S VALUED TRUST (CVT) PPO PLAN OPTIONS CLASSIFIED EMPLOYEES

PLAN YEAR: OCTOBER 1, 2021 - SEPTEMBER 30, 2022

MEDICAL PLAN OPTIONS							
	3B	6B	WELLNESS	8C	10D	HDHP-3	BRONZE
<b>MONTHLY PREMIUM- (Health &amp; Prescription)</b>	<b>\$1,982</b>	<b>\$1,752</b>	<b>\$1,775</b>	<b>\$1,565</b>	<b>\$1,146</b>	<b>\$1,016</b>	<b>\$987</b>
INDIVIDUAL DEDUCTIBLE	\$100	\$250	\$500	\$500	\$2,000	\$1,500	\$5,000
FAMILY DEDUCTIBLE	\$200	\$500	\$1,000	\$1,000	\$4,000	\$3,000	\$10,000
COINSURANCE (after deductible is met)	100%	80%	90%	80%	80%	60%	70%
CALENDAR OUT OF POCKET MAX PER INDIVIDUAL	\$1,250	\$2,000	\$1,750	\$3,250	\$6,350	\$6,250	\$6,350
CALENDAR OUT OF POCKET MAX PER FAMILY	\$2,500	\$4,000	\$3,500	\$6,500	\$12,700	\$12,500	\$12,700
OFFICE VISIT COPAY	\$20	\$20	\$20 Primary \$40 Specialty	\$30	Pd at 80% after deductible is met	Pd at 60% after deductible is met	\$60 up to 3 visits
MD LIVE COPAY	\$5	\$5	\$5	\$5	\$5	Pd at 60% after deductible is met	\$5

PRESCRIPTION PLAN NAME	B	C / Wellness	D	HDHP-3	Bronze
Prescription plans are paired with a medical plan as listed above. Example: 3B Medical Plan includes the 'B' Prescription Plan	<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	Paid at 60% AFTER deductible is met	<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

DISTRICT & EMPLOYEE COST	PLAN CHOICES	Plan 3B	Plan 6B	WELLNESS	Plan 8C	10D	HDHP-3	BRONZE
<b>Misc. Information:</b>  Classified employees pay insurance premiums one month in <b>advance</b> : Example- The premium paid in August is for September coverage.  <b>District Paid Monthly Cap</b> 11 month employee: \$928.32 12 month employee: \$850.96  Employee cost will differ from listed prices for late starts or mid year hires	Medical/Prescription	\$1,982.00	\$1,752.00	\$1,775.00	\$1,565.00	\$1,146.00	\$1,016.00	\$987.00
	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	\$2,126.30	\$1,896.30	\$1,919.30	\$1,709.30	\$1,290.30	\$1,160.30	\$1,131.30
	Total Annual Package Cost	\$25,515.60	\$22,755.60	\$23,031.60	\$20,511.60	\$15,483.60	\$13,923.60	\$13,575.60
	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	\$15,304.08	\$12,544.08	\$12,820.08	\$10,300.08	\$5,272.08	\$3,712.08	\$3,364.08
	<b>11 Month Employee Cost (Contract Aug-June)</b>	<b>\$1,391.28</b>	<b>\$1,140.37</b>	<b>\$1,165.46</b>	<b>\$936.37</b>	<b>\$479.28</b>	<b>\$337.46</b>	<b>\$305.83</b>
	<b>12 Month Employee Cost (Contract July-June)</b>	<b>\$1,275.34</b>	<b>\$1,045.34</b>	<b>\$1,068.34</b>	<b>\$858.34</b>	<b>\$439.34</b>	<b>\$309.34</b>	<b>\$280.34</b>