



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

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

MEDICAL PLAN OPTIONS							
	1A	4A	WELLNESS	8A	10D	BRONZE	HDHP-3
MONTHLY PREMIUM (Health & Prescription)	\$2,041	\$1,811	\$1,681	\$1,510	\$1,085	\$934	\$962
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 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	\$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	A	WELLNESS	D	BRONZE	HDHP-3
<i>Prescription plans are paired with a medical plan as listed above. Example: 1A Medical Plan includes the 'A' Prescription Plan</i>	Retail (30 day supply): \$5 Generic \$22 Brand Name Mail Order (90 day supply): \$10 Generic \$44 Brand Name	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	<i>Subject to Deductible, then:</i> 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	1A	4A	Wellness	8A	10D	BRONZE	HDHP-3
Misc. Information: <i>Certificated employees pay insurance premiums one month in advance: Example-Premium paid in August is for September coverage.</i> <i>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.</i> District Paid Monthly Cap 10 month employee: \$1050.48 11 month employee: \$954.98 12 month employee: \$875.40 <i>Employee cost will differ from listed monthly prices for late starts or mid year hires</i>	Medical/Prescription	\$2,041.00	\$1,811.00	\$1,681.00	\$1,510.00	\$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 Monthly Package Cost	\$2,185.30	\$1,955.30	\$1,825.30	\$1,654.30	\$1,229.30	\$1,078.30	\$1,106.30
	Total Annual Package Cost	\$26,223.60	\$23,463.60	\$21,903.60	\$19,851.60	\$14,751.60	\$12,939.60	\$13,275.60
	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	\$15,718.80	\$12,958.80	\$11,398.80	\$9,346.80	\$4,246.80	\$2,434.80	\$2,770.80
	10 Month Employee Cost (Contract Aug-May)	\$1,571.88	\$1,295.88	\$1,139.88	\$934.68	\$424.68	\$243.48	\$277.08
	11 Month Employee Cost (Contract Aug-June)	\$1,428.98	\$1,178.07	\$1,036.25	\$849.71	\$386.07	\$221.35	\$251.89
	12 Month Employee Cost (Contract July-June)	\$1,309.90	\$1,079.90	\$949.90	\$778.90	\$353.90	\$202.90	\$230.90