



**CALIFORNIA'S VALUED TRUST (CVT) PPO PLAN OPTIONS  
 CERTIFICATED RETIREE WITH MEDICARE (65 AND OLDER)  
 PLAN YEAR: OCTOBER 1, 2020 - SEPTEMBER 30, 2021**

MEDICAL PLAN OPTIONS				
	1A	4A	8A	10D
<b>MONTHLY PREMIUM- Single</b> (Health & Prescription)	<b>\$537</b>	<b>\$501</b>	<b>\$457</b>	<b>\$316</b>
<b>MONTHLY PREMIUM- *Couple</b> (Health & Prescription)	<b>\$1,028</b>	<b>\$952</b>	<b>\$859</b>	<b>\$594</b>
<b>MONTHLY PREMIUM- *Family</b> (Health & Prescription)	<b>\$1,400</b>	<b>\$1,290</b>	<b>\$1,154</b>	<b>\$800</b>
INDIVIDUAL DEDUCTIBLE	\$0	\$100	\$500	\$2,000
FAMILY DEDUCTIBLE	\$0	\$200	\$1,000	\$4,000
COINSURANCE (after deductible is met)	100%	90%	80%	80%
CALENDAR OUT OF POCKET MAX PER INDIVIDUAL	\$1,250	\$1,250	\$3,250	\$6,350
CALENDAR OUT OF POCKET MAX PER FAMILY	\$2,500	\$2,500	\$6,500	\$12,700
OFFICE VISIT COPAY	\$10	\$20	\$30	Pd at 80% after deductible is met
MD LIVE COPAY	\$5	\$5	\$5	\$5

PRESCRIPTION PLAN NAME	A	D
<i>Prescription plans are paired with a medical plan as listed above. Example: 1A Medical Plan includes the 'A' Prescription Plan</i>	<b>Retail (30 day supply):</b> \$5 Generic \$22 Brand Name  <b>Mail Order (90 day supply):</b> \$10 Generic \$44 Brand Name	<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

VISION & DENTAL	SINGLE	COUPLE	FAMILY
VISION B-\$15 Copay	\$9.88	\$18.36	\$28.27
DENTAL	\$69.80	\$126.42	\$181.74

*\* Please contact Business Services Department at [cusdbusiness@colusa.k12.ca.us](mailto:cusdbusiness@colusa.k12.ca.us) for couple rates if one member is under the age of 65.*